

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90140 017 ***158.75

DOCUMENT # K06675

1. Entity Name

GATTO & D'ESCARATTA, INC.



Principal Place of Business

20100 SW 280TH ST
REDLAND FL 33031
US

Mailing Address

20100 SW 280TH ST
REDLAND FL 33031
US



2. Principal Place of Business

3. Mailing Address

9951 SW 26 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI - FL

Zip

Country

Zip

Country

33165

4. FEI Number

65-0107996

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GATTO, VINCENZO
20100 SW 280TH ST
REDLAND FL 33031

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME GATTO, VINCENZO
STREET ADDRESS 20100 SW 280TH ST
CITY-ST-ZIP REDLAND FL 33031

TITLE P ☒ Change ☐ Addition
NAME
STREET ADDRESS 9951 SW 26 STREET
CITY-ST-ZIP MIAMI, FLA 33126

TITLE VP ☐ Delete
NAME CASERO, PILAR
STREET ADDRESS 20100 SW 280TH ST
CITY-ST-ZIP REDLAND FL 33031

TITLE VP ☒ Change ☐ Addition
NAME
STREET ADDRESS 9951 SW 26 STREET
CITY-ST-ZIP MIAMI, FLA 33126

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-25-06 305-931-8009

Date

Daytime Phone #