

FILED
Feb 19, 2008 08:00 AM
Secretary of State

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K47614

1. Entity Name
LA CANTINA D' ITALIA, INC.



Principal Place of Business
**1050 62ND AVENUE N
ST. PETERSBURG, FL 33702 US**

Mailing Address
**1050 62ND AVENUE N
ST. PETERSBURG, FL 33702 US**



02022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2932854

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FEOLA, ANIELLO
1050 62ND AVENUE NORTH
ST. PETERSBURG, FL 33702**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U00000831747
~~02/27/08 80031 010 150.00~~

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FEOLA, ANIELLO
STREET ADDRESS	1050 62ND AVE NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702
TITLE	V
NAME	RAFANIELLO, MARCELO F
STREET ADDRESS	1050 62ND AVE NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-08 (727) 522-0366

Date Daytime Phone #