

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # M17881

1. Entity Name
STELLA-VALLI ENTERPRISES, INC.



Principal Place of Business
**C/O GIULIANO VALLORANI
7320-7324 W. ATLANTIC BLVD.
MARGATE, FL 33063**

Mailing Address
**C/O GIULIANO VALLORANI
7320-7324 W. ATLANTIC BLVD.
MARGATE, FL 33063**



01272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2564989	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VALLORANI, GIULIANO
7320-7324 WEST ATLANTIC BLVD.
PALM LAKES PLAZA
MARGATE, FL 33063**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

**U000000431115
02/23/06-80015-011 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	VALLORANI, GIULIANO
STREET ADDRESS	5750 HAYES ST
CITY- ST- ZIP	HOLLYWOOD, FL

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
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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 files empowered.

SIGNATURE: *Giuliano Vallorani*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-06
Date Daytime Phone #