


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90054 002 \*\*\*158.75

**DOCUMENT # P0000062752**

1. Entity Name  
**PINO'S PRIMI PIATTI, INC.**



Principal Place of Business Mailing Address  
**1301 MAIN ST. SARASOTA FL 34236** **4418 74TH AVENUE EAST SARASOTA FL 34243**  
*- change addresses -*



2. Principal Place of Business 3. Mailing Address  
**100 CENTRAL AVE. 2724 59th St**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**1022**

1st MOORE CR2E034 (10/05)

City & State City & State  
**Sarasota FL Sarasota, FL**  
 Zip Country Zip Country  
**34236 Sarasota 34243 Sarasota**

4. FEI Number **65-1019981** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**LUONGO, GIUSEPPE**  
**4418 74TH AVE E**  
**SARASOTA FL 34243**

7. Name and Address of New Registered Agent  
 Name **Giuseppe Luongo**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2724 59th St.**  
 City **Sarasota** FL Zip Code **34243**

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 *Giuseppe Luongo* *Giuseppe Luongo* DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent (if title is applicable) (NOTE: Registered Agent signature required when reinstating)

**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 **\$5.00 May Be**  
 Trust Fund Contribution.  **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE <b>President</b> <input type="checkbox"/> Delete	NAME <b>LUONGO, GUISEPPE</b>
STREET ADDRESS <b>4418 74TH AVENUE EAST</b>	CITY-ST-ZIP <b>SARASOTA FL 34243</b>
TITLE <b>Secretary</b> <input type="checkbox"/> Delete	NAME <b>LUON GO, KIMBERLY</b>
STREET ADDRESS <b>4418 74TH AVENUE EAST</b>	CITY-ST-ZIP <b>SARASOTA FL 34243</b>
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>Luongo, Giuseppe</b>
STREET ADDRESS <b>2724 59th St</b>	CITY-ST-ZIP <b>Sarasota, FL 34243</b>
TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>Luongo, Kimberly</b>
STREET ADDRESS <b>2724 59th St</b>	CITY-ST-ZIP <b>Sarasota FL 34243</b>
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: *Giuseppe Luongo* Date **2/2/06** Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR