

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

06-04-2007 90013 019 \*\*\*150.00

**DOCUMENT # P01000021484**

1. Entity Name  
**ST. PETE DAL'ITALIA RESTAURANTS INC.**



Principal Place of Business  
**2220 4TH STREET NORTH  
ST PETERSBURG, FL 33704**

Mailing Address  
**2220 4TH STREET NORTH  
ST PETERSBURG, FL 33704**

4011000



04272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3701130**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CARNEVALE, GIOVANNA  
442 22ND AVENUE NORTH  
ST PETERSBURG, FL 33704**

**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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME CARNEVALE, SEBASTIANO  
STREET ADDRESS 460 23 AVENUE NORTH  
CITY-ST-ZIP ST PETERSBURG, FL 33704

TITLE VPSD  
NAME CARNEVALE, CARMELA  
STREET ADDRESS 460 23 AVENUE NORTH  
CITY-ST-ZIP ST PETERSBURG, FL 33704

TITLE TD  
NAME CARNEVALE, GIOVANNA  
STREET ADDRESS 442 22 AVENUE NORTH  
CITY-ST-ZIP ST PETERSBURG, FL 33704

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Giovanna Picardi*

4-27-07 727  
464-7019