

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000057233

1. Entity Name
RISTORANTE FABIO INC.



Principal Place of Business
**4150 HANCOCK BRIDGE PKWY.
CAPE CORAL, FL 33903**

Mailing Address
**4150 HANCOCK BRIDGE PKWY.
CAPE CORAL, FL 33903**



01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1114318	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CIMINATI, CLEMENTINA
404 SE 24TH ST.
CAPE CORAL, FL 33990**

**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 re-attesting)

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**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CIMINATI, CLEMENTINA
STREET ADDRESS	404 SE 24TH ST.
CITY - ST - ZIP	CAPE CORAL, FL 33990

TITLE	D
NAME	CIMINATI, EDMUNDO
STREET ADDRESS	404 SE 24TH ST.
CITY - ST - ZIP	CAPE CORAL, FL 33990

TITLE	D
NAME	VENA, VIVIANA
STREET ADDRESS	313 SW 21ST ST.
CITY - ST - ZIP	CAPE CORAL, FL 33990

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
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 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 #

x 2-22-08 x