

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000065675

1. Entity Name
THE MONTEPERTUSO FAMILY, INC.



Principal Place of Business
3837 LAKE EMMA ROAD
LAKE MARY, FL 32746

Mailing Address
3837 LAKE EMMA ROAD
LAKE MARY, FL 32746

DO NOT WRITE IN THIS SPACE



01132007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3732659

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MANDARA, MICHELE
3837 LAKE EMMA ROAD
LAKE MARY, FL 32746

**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	D
NAME	MANDARA, MICHELE
STREET ADDRESS	3837 LAKE EMMA ROAD
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	D
NAME	MANDARA, SALVATORE
STREET ADDRESS	3837 LAKE EMMA ROAD
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	D
NAME	BARBA, ROBERTO
STREET ADDRESS	3837 LAKE EMMA ROAD
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	D
NAME	BARBA, PASQUALE
STREET ADDRESS	3837 LAKE EMMA ROAD
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: MICHELE MANDARA **MICHELE MANDARA** 01/15/2007 407-833-9377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #