


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000065675</b> 1. Entity Name <b>THE MONTEPERTUSO FAMILY, INC.</b>	
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Principal Place of Business <b>3837 LAKE EMMA ROAD LAKE MARY, FL 32746</b>	Mailing Address <b>3837 LAKE EMMA ROAD LAKE MARY, FL 32746</b>
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01122008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3732659</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 restate)

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

000000786946  
01/17/08 88068-020 150.00

**10. OFFICERS AND DIRECTORS**

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

*Michele Mandara*

**MICHELE MANDARA**

**01/12/2008 407-833-9377**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #