

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2004 8:00 am
Secretary of State

08-18-2004 90008 014 ***150.00

DOCUMENT # P01000077594

1. Entity Name
ALLEGRIA WINE BAR CUCINA, INC.



Principal Place of Business
**115 E LYMAN AVE
WINTER PARK, FL 32789**

Mailing Address
**115 E LYMAN AVE
WINTER PARK, FL 32789**

24080237



2. Principal Place of Business

3. Mailing Address

932 WILLOW RUN LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08162004

Chg-P

CR2E034 (10/03)

City & State

City & State

WINTER SPRINGS, FL

4. FEI Number

59-3734828

Applied For

Not Applicable

Zip

Country

Zip

Country

32708

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPAGNOLO, ROSARIO
932 WILLOW RUN LN.
WINTER SPRINGS, FL 32708**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
SPAGNOLO, ROSARIO
932 WILLOW RUN LN.
WINTER SPRINGS, FL 32708**

☐ Delete

TITLE
NAME
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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplement 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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/04

Date

Daytime Phone #