

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000077596

1. Entity Name
ITALIAN SOLE, INC.



Principal Place of Business
1515 E. FLETCHER AVENUE
UNIT E
TAMPA, FL 33619

Mailing Address
1515 E. FLETCHER AVENUE
UNIT E
TAMPA, FL 33619



03072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3732492

Applied For
(Not Applicable)

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

6. Name and Address of Current Registered Agent

KARAKURT, HALIT
14802 N. FLORIDA AVENUE
BLDG H#117
TAMPA, FL 33619

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IN THIS SPACE**

6. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE VP
NAME KARAKURT, HALIT
STREET ADDRESS 14802 N. FLORIDA AVENUE BLDG. H #117
CITY-ST-ZIP TAMPA, FL 33613

TITLE P
NAME CAKAR, NAIM
STREET ADDRESS 13631 FLETCHER REGENCY DR
CITY-ST-ZIP TAMPA, FL 33613

TITLE
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000000470283
03/28/06-80005-015 150.00

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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: Halit Karakurt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-06 (813) 977 0187
Date Daytime Phone #