

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90039 040 \*\*\*150.00

DOCUMENT # P01000093559

1. Entity Name

SCHIAPPA FOODS CORP.



Principal Place of Business

630 SOUTH SAPODILLA AVENUE, #PH15  
WEST PALM BEACH FL 33401

Mailing Address

POST OFFICE BOX 4609  
STEUBENVILLE OH 43952

2. Principal Place of Business

483 SAVOIE DRIVE

Suite, Apt. #, etc.

3. Mailing Address

4371 NORTH LAKE Blvd

Suite, Apt. #, etc.

PMB 371



1st MOORE

CR2E034 (10/04)

City & State

Palm BEACH GARDENS, FL

City & State

Palm BEACH GARDENS, FL

4. FEI Number

65-1156797

Applied For

Not Applicable

Zip

33410

Country

Zip

33410

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHIAPPA, MICHAEL  
630 SOUTH SAPODILLA AVENUE, #PH15  
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

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

483 SAVOIE DRIVE

City

Palm BEACH GARDENS FL

Zip Code

33410

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME SCHIAPPA, MICHAEL  
STREET ADDRESS 630 SOUTH SAPODILLA AVENUE, #PH 15  
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE D ☐ Delete  
NAME SCHIAPPA, ALENA  
STREET ADDRESS 630 SOUTH SAPODILLA AVENUE, #PH 15  
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 483 SAVOIE DRIVE  
CITY-ST-ZIP Palm BEACH GARDENS, FL 33410

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 483 SAVOIE DRIVE  
CITY-ST-ZIP Palm BEACH GARDENS, FL 33410

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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

4-7-05

Date

561.694.1854

Daytime Phone #