

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

Dept of STATE



01182006 No Chg-P CR2E034 (11/05)

4. FEI Number **90-0003781** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LA SPIA, SAVERIO
3013 SE 5TH AVENUE
CAPE CORAL, FL 33904

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

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

U00000431267
02/23/06-80018-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	LA SPIA, SAVERIO
STREET ADDRESS	3013 SE 5TH AVENUE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	VO
NAME	LA SPIA, ANNA
STREET ADDRESS	3013 SE 5TH AVENUE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-06
Date

Daytime Phone #