


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000118107</b>		
1. Entity Name AMICI PIZZA & DELI, INC.		
Principal Place of Business 26252 S.R. 54 LUTZ, FL 33559	Mailing Address 26252 S.R. 54 LUTZ, FL 33559	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  MANNINO, JOSEPHINE 8503 SIAMANG CT. NEW PORT RICHEY, FL 34653		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP MANNINO, VINCENT 8503 SIAMANG CT NEW PORT RICHEY, FL 34653	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T MANNINO, RICK 10639 DEERBERRY DR L.L.L.RT RICHEY, FL 34638	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S MARTINEZ, ANGELA 8385 BASIMSK CT N.P.R, FL 34653	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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: <u>Josephine Mannino</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2-7-06 (813) 973-9734 <small>Date Daytime Phone #</small>



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3754263	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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02/21/06-80057-023 150.00

**DO NOT WRITE  
IN THIS SPACE**