


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 08:00 A**  
**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	



01152008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

MANNINO, JOSEPHINE  
1853 EL PAIRDO  
TRINITY, FL 34655

**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 \_\_\_\_\_

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANNINO, VINCENT 1257 NASHVILLE DR. WESLEY CHAPEL, FL 53543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MANNINO, RICK 10639 DEERBERRY DR LAND O' LAKES, FL 34638
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTINEZ, ANGELA 8305 BASALISER CT. N.P.R, FL 34653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANNINO, JOSEPHINE 1353 EL PARDO TRINITY, FL 34635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/01/08-80033-012 150.00

**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: *Josephine Mannino*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-08

Date

8139739734

Daytime Phone #