

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90537 013 ***150.00

DOCUMENT # P02000014837

1. Entity Name
DOLCEMIO, INC.



Principal Place of Business

**4853 PEMBROKE ROAD
HOLLYWOOD, FL 33021**

Mailing Address

**4853 PEMBROKE ROAD
HOLLYWOOD, FL 33021**

14007588



2. Principal Place of Business

**5100 N. Federal HIGHWAY
Suite, Apt. #, etc.
201/A**

3. Mailing Address

**5100 N. Federal HIGHWAY
Suite, Apt. #, etc.
201/A**

04052004

Chg-P

CR2E034 (10/03)

City & State

FL LAUDERDALE

City & State

FL LAUDERDALE

4. FEI Number

51-0423732

Applied For

Not Applicable

Zip

33308

Country

Zip

33308

Country

FL

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**OPPENHEIM, STEVEN P
800 BRICKELL AVE., STE. 707
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name

JEAN CARLO NARDI

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

5100 N. FEDERAL HIGHWAY

SUITE 201/A

City

FL LAUDERDALE

FL

Zip Code

33308

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 re-registering)

DATE

4/23/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	DP NARDI, JEAN CARLO 4853 PEMBROKE ROAD HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CASAGRANDE, GIOVANNA 4853 PEMBROKE ROAD HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4/23/04

Date

Daytime Phone #