


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90041 036 ***150.00

DOCUMENT # P02000101264 1. Entity Name VIVONETTO'S CUSTOM CATERING, INC.																																					
Principal Place of Business 8971 TAMiami TRAIL N NAPLES FL 34108				Mailing Address C/O ELA VIVONETTO 1211 COMMONWEALTH CIR., C-101 NAPLES FL 34116																																	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip		4. FEI Number 13-4223196																																	
Country 34104		Country Collier		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent VIVONETTO, ELA 1211 COMMONWEALTH CIR., C-101 NAPLES FL 34116 7760 WOODBROOK circle #3901 Naples, FL 34104				7. Name and Address of New Registered Agent Name Ela Vivonetto Street Address (P.O. Box Number is Not Acceptable) 7760 WOODBROOK circle # 3901 City Naples FL Zip Code 34104																																	
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 <u>Ela Vivonetto President</u> DATE <u>3/10/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> SP VIVONETTO, ELA 1211 COMMONWEALTH CIR., C-101 NAPLES FL 34116 </td> </tr> <tr> <td> 7760 WOODBROOK circle # 3901 Naples, FL 34104 </td> <td> <input type="checkbox"/> Delete </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP VIVONETTO, ELA 1211 COMMONWEALTH CIR., C-101 NAPLES FL 34116	7760 WOODBROOK circle # 3901 Naples, FL 34104	<input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> 7760 WOODBROOK circle # 3901 Naples, FL 34104 </td> </tr> <tr> <td> </td> <td> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	7760 WOODBROOK circle # 3901 Naples, FL 34104		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition												
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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: <u>Ela Vivonetto President</u> <u>3/10/05</u> <u>239-352-7601</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																					