

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90026 019 \*\*\*150.00

**DOCUMENT # P03000093269**

1. Entity Name

**JANJI ITALIAN FOOD CORPORATION**



Principal Place of Business

**555 NE 15TH STREET  
710 WASHINGTON AVENUE, UNITS (CU)13,1  
MIAMI BEACH FL 33139**

Mailing Address

**710 WASHINGTON AVENUE, UNITS (CU) 13  
MIAMI BEACH FL 33139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**20-0544357**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RITTER, JOHN ESQ.  
555 NE 15TH STREET  
100  
MIAMI FL 33132**

Name

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

City

**FL**

Zip Code

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ARATO, LUIGINO	
STREET ADDRESS	555 NE 15TH STREET, SUITE 100	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARATO, LUIGINO	
STREET ADDRESS	555 NE 15TH STREET, SUITE 100	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MANELLO, MARIELLA	
STREET ADDRESS	555 NE 15TH STREET, SUITE 100	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MANELLO, MARIELLA	
STREET ADDRESS	555 NE 15TH STREET, SUITE 100	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MANELLO, MARIELLA	
STREET ADDRESS	555 NE 15TH STREET, SUITE 100	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANELLO, MARIELLA	
STREET ADDRESS	710 Washington Avenue, UNITS (CU) 13	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANELLO, MARIELLA	
STREET ADDRESS	710 Washington Avenue, UNITS (CU) 13	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARATO, Luigino	
STREET ADDRESS	710 Washington Avenue, UNITS (CU) 13	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARATO, Luigino	
STREET ADDRESS	710 Washington Avenue, UNITS (CU) 13	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARATO, Luigino	
STREET ADDRESS	710 Washington Avenue, UNITS (CU) 13	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** Manello Mariella (PRESIDENT)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 20, 2004  
Date

305-534-3100  
Daytime Phone #