

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90003 029 ***150.00

DOCUMENT # P03000120859

1. Entity Name
SORRENTO ITALIAN MARKET AND EATERY, INC.



Principal Place of Business
**31 SELBY LANE
PALM BCH GARDENS, FL 33418**

Mailing Address
**31 SELBY LANE
PALM BCH GARDENS, FL 33418**

2. Principal Place of Business

185 E. Indiantown Rd. #103

3. Mailing Address

185 E. Indiantown Rd. #103

Suite, Apt. #, etc.

Suite 103

Suite, Apt. #, etc.

Suite 103

City & State

Jupiter, Fl.

City & State

Jupiter, Fl.

Zip

33417

Country

P.B.

Zip

33417

Country

P.B.

07302004

Chg-P

CR2E034 (10/03)

4. FEI Number

27-0069998

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCARAMELLINO, DANIEL
31 SELBY LANE
PALM BCH GARDENS, FL 33418**

7. Name and Address of New Registered Agent

Name **Marie Alastra**

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

185 E. Indiantown Rd. #103

Jupiter,

City

FL

Zip Code

33417

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 **Daniel Scaramellino**

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
Marie Alastra
Pres.
185 E. Indiantown Rd. #103
Jupiter, Fl. 33417

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Marie Alastra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/04

Date

561 744-1314

Daytime Phone #

Attachment
524067422

July 9, 2004

Florida Department of State
Division of Corporations
P.O.Box 1500
Tallahassee, FL 32302-1500

Sorrento Italian Market and Eatery Inc
185 E. Indiantown Road Ste # 103
Jupiter, FL 33477

Document No# PO3000120859
FEI #

Please be advised I never received the original application for my annual report.

If I had received it by mail I would have paid my fee timely.

At this time please accept my enclosed check for \$150.00

Thank you,

Marie Alastra

Marie Alastra
Document Number #PO3000120859



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 30, 2004

SORRENTO ITALIAN MARKET AND EATERY, INC.
185 E. INDIANTOWN ROAD
STE 103
JUPITER, FL 33477

SUBJECT: SORRENTO ITALIAN MARKET AND EATERY, INC.
Ref. Number: P03000120859

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Andy Dunlap
Document Specialist Supervisor

Letter Number: 304A00047902