

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

01-21-2005 90083 011 ***150.00

DOCUMENT # P04000010825

1. Entity Name
TERRAMIA WINE BAR TRATTORIA, INC.



Principal Place of Business
**1185 SPRINGS CENTRE SOUTH BOULEVARD
ALTAMONTE SPRINGS, FL 32714 US**

Mailing Address
**1185 SPRINGS CENTRE SOUTH BOULEVARD
ALTAMONTE SPRINGS, FL 32714**

66002503



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112005 Chg-P CR2E034 (10/03)

4. FEI Number

20-0577858

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPAGNOLO, ROSARIO
932 WILLOW RUN
WINTER SPRINGS, FL 32789**

7. Name and Address of New Registered Agent

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 reappointing)

DATE

**FILE NOW!!! - FEE IS \$150.00
After May 1, 2005 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 ☐ Delete

**P
SPAGNOLO, ROSARIO
932 WILLOW RUN
WINTER SPRINGS, FL 32708**

TITLE NAME ☐ Delete

**VP
NOBILE, MASSIMO
577 BRIGHAM PLACE
LAKE MARY, FL 32746**

TITLE NAME ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-05 407-8748466