

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90007 001 ***185.75

DOCUMENT # P04000042391

1. Entity Name
FRANKIE MADUROS, INC.



Principal Place of Business
**3104 TOWN AVE, UNIT 103 LONGLEAF CIR
NEW PORT RICHEY, FL 34655**

Mailing Address
**3104 TOWN AVE, UNIT 103 LONGLEAF CIR
NEW PORT RICHEY, FL 34655**



DO NOT WRITE IN THIS SPACE

01102007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0864952

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GERMINO, MICHAEL
921 E. KLOSTERMAN RD
TARPON SPRINGS, FL 34689**

**FRANK PISCHETTOLA
3104 Town Ave suite
New Port Richey 103
FL. 34655**

**DO NOT WRITE
IN THIS SPACE**

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

1-17-07

**- FILE NOW!!! - FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing,
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	PISCHETTOLA, FRANK
STREET ADDRESS	3104 TOWN AVE, UNIT 103 LONGLEAF CIR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655

TITLE	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

Frank Piscettola 1-17-07 727-376-9008