


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000061161 1. Entity Name BELLA LUNA CAFE OF VENICE, INC.	
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Principal Place of Business 200 W MIAMI AVE VENICE, FL 34285	Mailing Address 610 POWSETTIA DR VENICE, FL 34285
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01082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2453880	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VANDERSTINE, WILLIAM 610 POINSETTIA DR VENICE, FL 34285
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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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 STREET ADDRESS CITY - ST - ZIP	P VANDERSTINE, SHERRY 610 POINSETTIA DR VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP VAN DERSTINE, WILLIAM 610 POINSETTIA DR VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S VANDERSTINE, SHERRY 610 POINSETTIA DR VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T VANDERSTINE, WILLIAM 610 POINSETTIA DR VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: William Vanderstine 1-806 941-488-3089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #