2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000113402

1. Entity Name
CAFE GELATO INCORPORATED

Principal Place of Business	Mailing Address
1401 S. SUMTER BLVD. NORTH PORT, FL 34287	1401 S. SUMTER BLVD. NORTH PORT, FL 34287

DO NOT WRITE IN THIS SPACE

07022007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-1563756	Not Applicable

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

6. Name and Address of Current Registered Agent

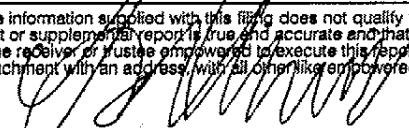AMMIRATO, LOUIS
1401 S SUMTER BLVD
NORTH PORT, FL 34287

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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 $550.00 **Due by September 14, 2007**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000773829 09/13/07-80002-004 550.00

10.   OFFICERS AND DIRECTORS

TITLE	P/T
NAME	AMMIRATO, LOUIS
STREET ADDRESS	1401 S SUMTER BLVD
CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	VPS
NAME	AMMIRATO, LINDA
STREET ADDRESS	1401 S SUMTER BLVD
CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____   9/10/07   941-493 95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #