2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000136838

1. Entity Name SUSANA'S GELATO, CORP



FILED May 01, 2006 08:00 AN Secretary of State

Principal Place of Business

706 SW 23RD AVE BOYNTON BEACH, FL 33435 Mailing Address

706 SW 23RD AVE

BOYNTON BEACH, FL 33435



DO NOT WRITE IN THIS SPACE

04252006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 20-1726035 Not Applied be \$8.75 Additional

6. Name and Address of Current Registered Agent

PORTALUPI, FEDERICO 706 SW 23RD AVE BOYNTON BEACH, FL 33435

DO NOT WRITE IN THIS SPACE

				11 4	THO OF AGE
	named entity submits this statement for the prions of registered agent.	urpose of changing its registere	d office or i	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable. (NOTE Registered	Agent signatur	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	oing	\$5.00 May Be Added to Fees	U00000545054 05/11/06-80062-004 150.00
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE LA ROSA, SUSANA 706 SW 23RD AVE BOYNTON BEACH, FL 33425				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE Name Street address City-St-Zip				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		:		IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ANDRESS				. , , ,	

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 eath; 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 attacţiment with, an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SUSCOMO DO LOSA
D ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-26-06

561 742 7880