## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000136838

1. Entity Name SUSANA'S GELATO, CORP



FILED
May 02, 2007 08:00 AM
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

 
 04292007
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number 20-1726035
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

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

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	ed office or r	egistered 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 is	applicable (NOTE: Registered	Ageni signatura	required when reinstating)	DATE
FILE NOWIII FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			ncing	\$5.00 May Be Added to Fees	V00000755606
10.	OFFICERS AND DIREC	TORS			U5/22/07-80107-019 150.00
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 <sup>-</sup>	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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.					