

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90324 009 ***150.00

| | | | | | |
|---|-------------------------|---|--|--|--|
| DOCUMENT # P04000147337 1. Entity Name LA FAMIGLIA INC. A TASTE OF ITALY | | | | | |
| Principal Place of Business 3771 TAMiami TRAIL EAST NAPLES, FL 34112 | | | Mailing Address 3771 TAMiami TRAIL EAST NAPLES, FL 34112 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 04122005 Chg-P CR2E034 (10/03) | |
| 4. FEI Number <div style="font-size: 1.2em; font-family: cursive;">20-1853035</div> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TENERIELLO, SALVATORE F 7504 OLEANDER GATE DR #203 NAPLES, FL 34109 | | | 7. Name and Address of New Registered Agent Name Salvatore Teneriello Street Address (P.O. Box Number is Not Acceptable) 8444 Laurel Lakes Blvd. Naples FL City Naples State FL Zip Code 34119 | | |
| 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | P-D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TENERIELLO, SALVATORE | | NAME | Teneriello, Salvatore | |
| STREET ADDRESS | 7504 OLEANDER GATE DR | | STREET ADDRESS | 8444 Laurel Lakes Blvd | |
| CITY-ST-ZIP | NAPLES, FL 34109 | | CITY-ST-ZIP | Naples FL 34119 | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | T-D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TENERIELLO, ALICE | | NAME | T-D Teneriello, Alice | |
| STREET ADDRESS | 3771 TAMiami TRAIL EAST | | STREET ADDRESS | 8444 Laurel Lakes Blvd. | |
| CITY-ST-ZIP | NAPLES, FL 34112 | | CITY-ST-ZIP | Naples FL 34119 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TENERIELLO, EMMA | | NAME | D-Teneriello, Emma | |
| STREET ADDRESS | 3771 TAMiami TRAIL EAST | | STREET ADDRESS | 7504 Oleander Gate Dr. | |
| CITY-ST-ZIP | NAPLES, FL 34112 | | CITY-ST-ZIP | Naples, FL 34109 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Salvatore Teneriello</i> | | | Date: 4-13-05 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |