

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 27, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P04000154325**

1. Entity Name

ITALIAN KITCHEN & BATH PLUS, INC



Principal Place of Business

2315 NW 107TH AVE  
BUILDING 1M14  
DORAL, FL 33172 US

Mailing Address

2315 NW 107TH AVE  
BUILDING 1M14  
DORAL, FL 33172 US



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number

20-1875994

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

PB&A FINANCIAL SERVICES CORP  
13935 NW 1ST AVE  
MIAMI, FL 33168

**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	P
NAME	FOSCHINI, SERGIO
STREET ADDRESS	1593 E. LAKE WAY
CITY-ST-ZIP	WESTON, FL 33326
TITLE	VP
NAME	FOSCHINI, GIAN CARLO
STREET ADDRESS	1593 E. LAKE WAY
CITY-ST-ZIP	WESTON, FL 33326
TITLE	SEC
NAME	FOSCHINI, GIAN CARLO
STREET ADDRESS	1593 E. LAKE WAY
CITY-ST-ZIP	WESTON, FL 33326
TITLE	TRE
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000402926  
02/03/06-80028-013 150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 24/06 305 592 1520