

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

06-17-2008 90002 014 ***150.00

P05000014446

FILED

08 SEP -5 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000014446

1. Entity Name
FLAVORS OF ITALY, INC.



Principal Place of Business
**351 SW 55TH AVENUE ROAD
CORAL GABLES, FL 33134**

Mailing Address
**351 SW 55TH AVENUE ROAD
CORAL GABLES, FL 33134**



02182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2979247

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GONZALEZ, ADRIAN F
351 SW 55TH AVENUE ROAD
CORAL GABLES, FL 33134**

**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]
Signature, hand or printed name of registered agent and see if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/18/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D:
GONZALEZ, ADRIAN F
351 SW 55TH AVENUE ROAD
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300135636989
09/10/08--01007--002 **1000.00

**DO NOT WRITE
IN THIS SPACE**

300135636989
09/10/08--01007--002 **400.00

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]
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/08

Daytime Phone #