


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90427 023 ***150.00

DOCUMENT # P05000019553																																																								
1. Entity Name VOLPICELLI CORPORATION																																																								
Principal Place of Business 1306 E. CRAWFORD ST. TAMPA, FL 33604			Mailing Address 1306 E. CRAWFORD ST. TAMPA, FL 33604																																																					
2. Principal Place of Business		3. Mailing Address																																																						
Suite, Apt. #, etc		Suite, Apt. #, etc.																																																						
City & State		City & State																																																						
Zip	Country	Zip	Country																																																					
6. Name and Address of Current Registered Agent VIGA, VICTOR S 1306 E. CRAWFORD ST. TAMPA, FL 33604			7. Name and Address of New Registered Agent Name <u>VIGNA, VICTOR S</u> Street Address (P.O. Box Number is Not Acceptable) <u>1306 E. CRAWFORD ST</u> City <u>TAMPA</u> <u>FL</u> Zip Code <u>33604</u>																																																					
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 <u>Victor S Vigna</u> <u>VICTOR S. VIGNA</u> <u>4-29-06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																								
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																						
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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: <u>Victor S Vigna</u> <u>PRESIDENT</u> <u>4-29-06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																								

VICTOR S. VIGNA