

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2006 8:00 am
Secretary of State

05-26-2006 90014 013 ***150.00

DOCUMENT # P05000065837

1. Entity Name
MILANO PIZZERIA & ITALIAN RESTAURANT, INC.



Principal Place of Business
**8767 N.W. 57TH STREET
TAMARAC, FL 33319 US**

Mailing Address
**5060 N.W. 3RD STREET
DELRAY BEACH, FL 33445 US**

50019738



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
8767 NW 57th St
Suite, Apt. #, etc.
City & State
Tamarac, FL
Zip Country
33319

05232006 Chg-P CR2E034 (11/05)

4. FEI Number
26-0114310

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**ROBBINS, RUSSELL M ESQ.
9690 WEST SAMPLE ROAD
SUITE 103
CORAL SPRINGS, FL 33065**

7. Name and Address of New Registered Agent
Name
Brenda Santoro
Street Address (P.O. Box Number is Not Acceptable)
1440 Coral Ridge Dr. #113
City
Coral Springs FL Zip Code
33071

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
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	ARCE, EUGENE A	5060 N.W. 3RD STREET	DELRAY BEACH, FL 33445	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD	Arce, Eugene A	5842 NW 119th Dr.	Coral Springs, FL 33076	<input checked="" type="checkbox"/>
TITLE	NAME	STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 in 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 #

ATTACHMENT

50019738

EQUI-TAX SERVICES, INC.
1440 CORAL RIDGE DRIVE, STE. 113
CORAL SPRINGS, FL 33071
(954) 755-9782
FAX (954) 755-9783

May 23, 2006

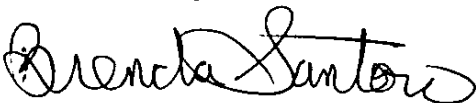
Re: Milano Pizzeria & Italian Restaurant, Inc.
P05000065837

To Whom It May Concern:

My client did not receive the postcard for the annual report. They have since moved from their original address and are new to this state. Please accept this annual report as timely filed and correct all addresses that we have changed.

If you require any additional information you may contact me at the above.

Yours truly,



Brenda Santoro
Accountant