

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000144424

**FILED**  
**Mar 24, 2012**  
**Secretary of State**

**Entity Name:** STEFANO'S TRATTORIA, INC.

**Current Principal Place of Business:**

1425 TUSKAWILLA RD  
UNIT 205  
WINTER SPRINGS, FL 32708

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 62-1235  
OVIEDO, FL 327621235

**New Mailing Address:**

**FEI Number:** 20-3678841

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MARIE LACOMMARE  
1025 PROVIDENCE LANE  
OVIEDO, FL 32765 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** VP  
**Name:** LACOMMARE, STEFANO  
**Address:** 1025 PROVIDENCE LANE  
**City-St-Zip:** OVIEDO, FL 32765

**Title:** P  
**Name:** LACOMMARE, MARIE  
**Address:** 1025 PROVIDENCE LANE  
**City-St-Zip:** OVIEDO, FL 32765

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** MARIE LACOMMARE

PRES

03/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date