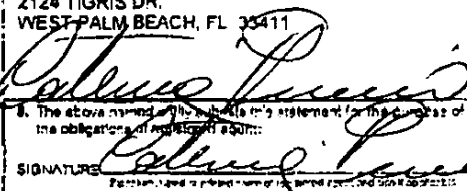
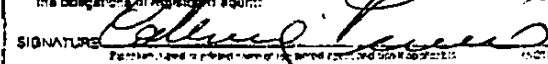


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

5/

FILED
Jun 23, 2006 8:00 am
Secretary of State

05-03-2006 90228 036 ***150.00

DOCUMENT # P05000163432					
1. Entity Name CARMELA ITALIAN MARKET INC.					
Principal Place of Business 2124 TIGRIS DR. WEST PALM BEACH, FL 33411			Mailing Address 2124 TIGRIS DR. WEST PALM BEACH, FL 33411		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEE NUMBER 203941443				Approved For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PUCCIO, CATERINA 2124 TIGRIS DR. WEST PALM BEACH, FL 33411			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City FL Zip Code		
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 I accept the obligations of registered agent.					
SIGNATURE  Signature of person named in Section 6 and 7, and State of Florida NOTE: Registered Agent signature and other names are required. 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '1		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	PUCCIO, CATERINA		NAME		
STREET ADDRESS	2124 TIGRIS DR.		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33411		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 and name have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered trustee and I am required to execute this report as required by Chapter 507, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment to this address, with all other like information.					
SIGNATURE: 			x 428-00		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		