
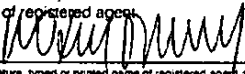
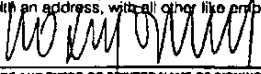


FILED
Jun 05, 2007 8:00 am
Secretary of State

05-11-2007 90023 043 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000021070					
1. Entity Name NAPOLITANO'S RESTAURANTE ITALIANO, INC.					
Principal Place of Business 3028 SW 143RD RD OCALA, FL 34473			Mailing Address 3028 SW 143RD RD OCALA, FL 34473		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-4285139	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PETROCHE, FERNANDO 3028 SW 143RD RD OCALA, FL 34473				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 accept the obligations of registered agent.					
SIGNATURE  DATE 04-27-07					
(NOTE: Registered Agent Signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	P/S <input type="checkbox"/> Delete				
NAME	PETROCHE, FERNANDO				
STREET ADDRESS	3028 SW 143RD RD				
CITY-ST-ZIP	OCALA, FL 34473				
TITLE	VP/T <input type="checkbox"/> Delete				
NAME	RODRIGUEZ, JOSE M				
STREET ADDRESS	3028 143RD RD				
CITY-ST-ZIP	OCALA, FL 34473				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
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 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:  DATE 04-27-07 DAYTIME PHONE # 352-4549350					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



ATTACHMENT

606017958

Page 1 of 4

Division of Corporations

Annual Report

Annual Report Help

Document Number

P06000021070

Business Entity Name

NAPOLITANO'S RESTAURANTE ITALIANO, INC.

FEI Number

FEI Number Status

☒ Listed Above ☒ Applied For ☒ Not Applicable

Certificate of Status Desired

☒ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution

☒ Yes ☒ No

Principal Place of Business

Address

5312 SW 6TH PLACE

Suite, Apt. #, etc.

City, State

OCALA

FL

Zip Code & Country

34474

Mailing Address

Address

3028 SW 143RD PLACE RD

Suite, Apt. #, etc.

City, State

OCALA

FL

Zip Code & Country

34473

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

PETROCHE

FERNANDO

J

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

3028 SW 143RD PLACE RD

Suite, Apt. #, etc.

City, State

OCALA

FL

Zip Code & Country

34473

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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#P06000021076

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

FERNANDO J PETROCHE

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	P/S
Name (Last, First, Middle, Title)	PETROCHE FERNANDO J
- OR -	
Entity Name to serve as Officer/Director	
Street Address	3028 SW 143RD PLACE RD
City, State	OCALA FL
Zip Code & Country	34473
Title	VP/T
Name (Last, First, Middle, Title)	RODRIGUEZ JOSE M
- OR -	
Entity Name to serve as Officer/Director	
Street Address	3028 143RD PLACE RD
City, State	OCALA FL
Zip Code & Country	34473
Title	
Name (Last, First, Middle, Title)	
- OR -	
Entity Name to serve as Officer/Director	
Street Address	
City, State	
Zip Code & Country	
Title	