2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 08:00 Al Secretary of State

| ANNUAL REPORT | | | | Apr 21, 2000 00 | | | |
|---|---|--------------------------------|---|----------------------------|-----------------------|-------------------------------|--|
| DOCUMENT # P06000022472 1. Entity Name ARGENTO'S ITALIAN RESTAURANT & BAKERY, INC. | | | Secre | | | ary of S | |
| Principal Place of Business N | Mailing Address | • | | | | | |
| | 18627 LANSFORD DRIVE HUDSON, FL 34667 US | | | | | | |
| 110D3GN, 1E 34007 03 | 110030N, 11 34007 03 | | | BANG ANN AANI AANK BANK | | N 18818 (41188) N (418) | |
| · · · · · · · · · · · · · · · · · · · | | C485 | | | | | |
| | | | 04142008 | No Chg-P | CR2E034 (| | |
| DO NOT WRITE I | N I HIS SPA | UE: | 4. FEI Numbe | | | Applied For | |
| | | | 20-420 | | \$8. ` | Not Applicable 75 Additional | |
| 6. Name and Address of Current Regi | stored Apont | T. Salanda | 5. Certificate | of Status Desired | | Required | |
| | steren Agent | | | | | | |
| ARGENTO, SALVATORE 18627 LANSFORD DRIVE | | | DO. | NOT W | RITE | | |
| HUDSON, FL 34667 | | | IN T | HIS SP | ΔCF | | |
| | | 1 | | | | | |
| 8. The above named entity submits this statement for the | nurnose of changing its register | ed office or register | red agent, or bot | h, in the State of Flor | ida Lam famili | ar with and accept | |
| the obligations of registered agent. | purpose of changing to register | oc omec or regioner | od agorn, or box | ii, ii ii o otata oi i ioi | | ar min, and docup. | |
| SIGNATURE | e d'applicable (NOTE Baggeters | nd Agent signature required | (when reinstation) | | DATE | · · · | |
| agrecate, 19900 is particulated to registation agent and sur | (15012, Hogistate | a Again signification required | , And roustage | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Final Trust Fund Contribution. | | .00 May Be ed to Fees | | | | |
| 10. OFFICERS AND DIRE | ECTORS | - 1,3,3 | 1,177 | | | | |
| TITLE PT NAME ARGENTO, SALVATORE | | | | | | | |
| STREET ADDRESS 18627 LANSFORD DRIVE | , | A Charles | | | | | |
| CITY-ST-ZIP HUDSON, FL 34667 TITLE VS | | | | | | | |
| NAME ARGENTO, DEBORAH | | | | | nencee'r | | |
| STREET ADDRESS 18627 LANSFORD DRIVE | | | | 05/06/0 | :U2U000: }-20049-(| 014 150.00 | |
| TIILE HUDSON, FL 34667 | ··· | . | | | | | |
| NAME | | . 背景: \$ 有题来的 | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | DO | NOT W | RITE | | |
| TITLE | | | | NOT W | ACE | | |
| NAME | | | , , , , , , , , , , , , , , , , , , , | IIIO OF | AUE | a Carlon Carlon | |
| STREET ADDRESS CHY-ST-ZIP | | | | | | | |
| TITLE | | | | | | | |
| NAME STREET ADDRESS | | | | e neura | | | |

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 than an address, with all other than a second contains the contained of the conta

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

SALVAT ORE ARGENTO

\$ 47508527279-6484