

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90024 030 ***150.00

DOCUMENT # P06000051657

1. Entity Name
MANGIA BENE RISTORANTE ITALIANO, INC.



Principal Place of Business
**9540 W. LINEBAUGH AVE
THE AVENUE AT WEST CHASE
TAMPA, FL 33625 US**

Mailing Address
**9540 W. LINEBAUGH AVE
THE AVENUE AT WEST CHASE
TAMPA, FL 33625 US**

40027893



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

20-4686141

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SALVATORE, DOMENICO
506 SE 26TH TERRACE
CAPE CORAL, FL 33904**

Name

Street Address (P.O. Box Number is Not Acceptable)

14131 STILTON STREET

City

Tampa

FL

Zip Code

33626

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

2/13/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **SALVATORE, DOMENICO**
CITY-ST-ZIP **506 SE 26TH TERRACE
CAPE CORAL, FL 33904**

TITLE ☒ Change ☐ Addition
NAME **14131 STILTON STREET**
STREET ADDRESS **Tampa, FLA. 33626**
CITY-ST-ZIP

TITLE ☒ Delete
NAME **V.P.**
STREET ADDRESS **CONTINO, FRANK**
CITY-ST-ZIP **6312 SEA LAVENDER LANE
TAMPA, FL 33625**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/08

Date

(813) 945-4839

Daytime Phone #