


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90277 023 ***150.00

| | | |
|---------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|
| DOCUMENT # P06000055227 1. Entity Name DOLCE VITA ITALIAN RESTAURANT & WINE BAR, INC. | |  |
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|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Principal Place of Business 1518 S DIXIE HWY NEW SMYRNA, FL 32168 US | Mailing Address 932 WILLOW RUN LN WINTER SPRINGS, FL 32708 US |
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|------------------------------------------------|---------|---------------------|---------|
| 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 |

40070110



04112007 Chg-P CR2E034 (12/06)

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|------------------------------------|-------------------------------|
| 4. FEI Number 20-4713333 | Applied For Not Applicable |
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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 | |
| INTERNATIONAL MANAGEM.& EXEC.SERVICES, LLC 500 NORTH MAITLAND AVENUE SUITE 215 MAITLAND, FL 32751 | | 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| | |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|-----------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SPAGNOLO, ROSARIO | NAME | |
| STREET ADDRESS | 932 WILLOW RUN LN | STREET ADDRESS | |
| CITY-ST-ZIP | WINTER SPRINGS, FL 32708 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 Date Daytime Phone #