


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000097119	
1. Entity Name ALVINO'S PIZZERIA AND FAMILY RESTAURANT, INC.	

FILED
Aug 14, 2008 08:00 AM
Secretary of State

Principal Place of Business 8793 E. TAMiami TRAIL 205 NAPLES, FL 34113	Mailing Address 8793 E. TAMiami TRAIL 205 NAPLES, FL 34113
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07162008 No Chg-P CR2E034 (11/05)

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4. FEI Number 20-5321649	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KRAMER, FREDERICK C
950 NORTH COLLIER BLVD SUITE 201
MARCO ISLAND, FL 34145

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FEDEL, ANTHONY 8793 E. TAMiami TRAIL #205 NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FEDEL, CHRISTINE 8793 E. TAMiami TRAIL #205 NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALVINO, STEVE 8793 E. TAMiami TRAIL #205 NAPLES, FL 34113
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08/14/08-80003-005 158.75

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: Christine Fedeli Christine Fedeli 8-01-08 2394172939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #