2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 16, 2008 8:00 am Secretary of State

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01-16-2008 90051 003 ***150.00 DOCUMENT # P07000078320 ROSSELLINI ITALIAN CUISINE, INC. quuv-Principal Place of Business Mailing Address 136 S ATLANTIC AVE 136 S ATLANTIC AVE DAYTONA BCH, FL 32118 DAYTONA BCH, FL 32118 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122008 CR2E034 (12/06) City & State City & State Applied For 77-0692534 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AOLO MAUTONE TURANO, SANTO Street Address (P.O. Box Number is Not Acceptable) 817 E INTERNATIONAL SPDWY BLVD DAYTONA BCH, FL 32118 ATLANTIC BEACH, 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 1/12/08 SIGNATURE Signature, typed or printed (NOTE: Registered Agent signature required when reinstating) and tife if applicable FILE NOW!!! FEE S \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPVP PRESIDENT TITLE Delete TITI F ☐ Change Addition TURANO, SANTO NAME NAME PAOLO MAUTUNE 136 S. ATLANTIC AVE DAXTONA BEACH, FL. 32118 STREET ADDRESS 817 E. INTERNATIONAL SPDWY BLVD STREET ADDRESS CITY-ST-ZIP DAYTONA BCH, FL 32118 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITI F ☐ Change ☐ Addition: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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: Daytime Phone # OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR