

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000055534

**Entity Name:** CHEFS OF NAPOLI II, INC.

**FILED**  
**Jun 02, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1546 HIGHWAY 41 NORTH, UNIT 20  
INVERNESS, FL 34450

**New Principal Place of Business:**

**Current Mailing Address:**

1546 HIGHWAY 41 NORTH, UNIT 20  
INVERNESS, FL 34450

**New Mailing Address:**

**FEI Number:** 27-3035995

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CACACE, ANTONIO  
1546 HIGHWAY 41 NORTH, UNIT 20  
INVERNESS, FL 34450 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: CACACE, ANTONIO  
Address: 3013 KEEPORT DR.  
City-St-Zip: SPRING HILL, FL 34609

Title: VPSD  
Name: BARILE, LUIGI  
Address: 2425 HAWTHORNE RD.  
City-St-Zip: SPRING HILL, FL 34609

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANTONIO CACACE

PTD

06/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date