

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P92000011876					
1. Entity Name IRPINIA KITCHENS OF THE PALM BEACHES, INC.					
Principal Place of Business 11585 U.S. HWY. ONE STE. 306 N. PALM BCH. FL 33408 US			Mailing Address 11585 U.S. HWY. ONE STE. 306 N. PALM BCH. FL 33408 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0412135	
6. Name and Address of Current Registered Agent GUGLIELMO, ENZO 11585 US HWY ONE SUITE 306 NORTH PALM BEACH FL 33408				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GUGLIELMO, ENZO		NAME		
STREET ADDRESS	11585 US HWY ONE STE 306		STREET ADDRESS	11585 US HWY ONE STE 306	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		CITY-ST-ZIP	03/09/06-80056-002 150.00	
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GUGLIELMO, MARIO		NAME		
STREET ADDRESS	11585 US HWY ONE 306		STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ 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		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E034 (10/05)

4. FEI Number **65-0412135** Applied For Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Enzo Guglielmo 2/24/06 901-627-540