

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90089 018 ***150.00

DOCUMENT # P93000008649

1. Entity Name
MONTE BONIFATO, INC.



Principal Place of Business

**600 S. STATE ROAD 7
MARGATE, FL 33068 US**

Mailing Address

**1696 S.E. 4TH STREET
DEERFIELD BEACH, FL 33441 US**

40002100



01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0524497

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VULTAGGIO, GIUSEPPE
1696 SE 4TH STREET
DEERFIELD BEACH, FL 33441**

**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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VULTAGGIO, AGOSTINO
STREET ADDRESS	17782 FOXBOUGH LANE
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	V
NAME	VULTAGGIO, GIUSEPPE
STREET ADDRESS	1696 S.E. 4TH ST.
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	S
NAME	VULTAGGIO, ROSANNA
STREET ADDRESS	1696 SE 4TH STREET
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	T
NAME	TUTTOLOMONDO, FRANCESCO
STREET ADDRESS	1696 SE 4TH STREET
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Rosanna Vultaggio
ROSANNA VULTAGGIO

1/11/08

954-596-0711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #