

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000063383

1. Entity Name
CO. TI. RESTAURANTS USA, INC.



Principal Place of Business
**1325 W. COLONIAL DR.
ORLANDO, FL 32804 US**

Mailing Address
**1325 W. COLONIAL DR.
ORLANDO, FL 32804 US**



07182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3211277

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORTEILETTI, GIULIANO
1325 W. COLONIAL DR.
ORLANDO, FL 32804**

**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 reissuing)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | PSTD |
| NAME | CORTELLETTI, GIULIANO |
| STREET ADDRESS | 1325 W. COLONIAL DR. |
| CITY-ST-ZIP | ORLANDO, FL 32804 |
| TITLE | D |
| NAME | CORTELLETTI, INGEBORG |
| STREET ADDRESS | 1325 W. COLONIAL DR. |
| CITY-ST-ZIP | ORLANDO, FL 32804 |
| TITLE | D |
| NAME | CORTELLETTI, MICHAEL |
| STREET ADDRESS | 1325 W. COLONIAL DR. |
| CITY-ST-ZIP | ORLANDO, FL 32804 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000574517
08/16/06-80006-005 550.00

**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 an officer or director empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

08.04.2006 407.872.0200