

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90081 014 ***150.00

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1. Entity Name

FAMILY YOGURT & ICE CREAM, INC.



Principal Place of Business

5283 W ATLANTIC
BOOTH 37
DELRAY BEACH FL 33484
US

Mailing Address

* 9479A BOCA GARDENS PKWY.
BOCA RATON FL 33496

50018582



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

560 SW 15 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BOCA RATON

City & State

City & State

FLORIDA

Zip

Country

Zip

33432

Country

4. FEI Number

38-3195663

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

D'ONOFRIO, JOSEPH
9479A BOCA GARDENS PKWY.
BOCA RATON FL 33496

7. Name and Address of New Registered Agent

Name D'ONOFRIO, JOSEPH

Street Address (P.O. Box Number is Not Acceptable)

560 SW 15 STREET

BOCA RATON, FL

City FLORIDA

FL

Zip Code 33432

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, 2005 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

TITLE D ☐ Delete
NAME D'ONOFRIO, JOSEPH
STREET ADDRESS 9479A BOCA GARDENS PKWY.
CITY-ST-ZIP BOCA RATON FL 33496

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Joseph D'Onofrio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/05 561-858-2525
Date Daytime Phone #