

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000042319**

1. Entity Name  
**GUGLIELMO'S LAFIAMMA, INC.**



Principal Place of Business  
**529 HIGHWAY 98 EAST  
DESTIN FL 32541  
US**

Mailing Address  
**529 HIGHWAY 98 EAST  
DESTIN FL 32541  
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number **59-3306688**

Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**IANNI, GUGLIELMO  
529 HIGHWAY 98 EAST  
DESTIN FL 32541**

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

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, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME: **IANNI, GUGLIELMO** ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP: **529 HWY 98 E.  
DESTIN FL 32541**

TITLE  
NAME: **U00000735980** ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP: **05/10/07-80057-005 150.00**

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

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

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

TITLE  
NAME: ☐ Change ☐ Addition  
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CITY- ST- ZIP:

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-07

850-259-2372