

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P95000075268**

1. Entity Name  
FLORENTINO'S, INC.



Principal Place of Business  
9060 KIMBERLY BLVD.  
SUITE 42  
BOCA RATON, FL 33434

Mailing Address  
9060 KIMBERLY BLVD.  
SUITE 42  
BOCA RATON, FL 33434



01152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0651983</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

CRISANTI, THOMAS  
9060 KIMBERLY BLVD.  
BOCA RATON, FL 33434

**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 reconstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PDS
NAME	CRISANTI, THOMAS
STREET ADDRESS	9060 KIMBERLY BLVD., STE 42
CITY-ST-ZIP	BOCA RATON, FL 33434

TITLE	VPD
NAME	CRISANTI, MARY ANN
STREET ADDRESS	9060 KIMBERLY BLVD
CITY-ST-ZIP	BOCA RATON, FL 33434

TITLE	
NAME	
STREET ADDRESS	
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03/26/07-80003-002 150.00

**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 all other like empowered.

**SIGNATURE** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-07  
Date

561-4572021  
Daytime Phone #