FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sanora B. Mortham Secretary of State DIVISION OF CORPORATIONS

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P95000077048 (3)

DOCUMENT # 1. Corporation Name	P95000
DANIFLLOS ITALIAN	CUISINE INC.

DANIELLOS IIVENAS COICINE IIIO				i 1868 14 18 1941 1841 1841 1841 1841 1844 1844				
Principal Place of Business Muling Address			I PERIOR BUT HER BOTTLE BRITT BETTE	98011 6 6133 19811 1		, 1961 1961 1961		
3096 SO. MILI	TARY TRAIL STE 5	3095 SO. MILITA LAKE WORTH FL						
DIAL WORK	. 2				3. Date incorporated or Qualified 10/09/1995	3a. Date o	f Last Rep	port
2. Principal Pla	on at Business	2a. Mailing Addres	 S		4. FEI Number	·	A	pplied For
2. Phrklipai Flai 1	de of Basiness	26			65-0577698		N	ot Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, 6	tc.		5. Certificate of Status Desiren	\$8.75 Addition Fee Required		
City & State		Orty & State			Election Campaign Financing Trust Fund Contribution		7	May Be I to Fees
Zip	Country	Zip	Coun	try	This corporation has liability for in Florida Statutes	ntangible tax	under s	199.032,
[4]	9. Name and Address of Currer	nt Registered Agent	1301		10. Name and Address of New R		gent	
	9. Name and Address of Curren	in negistered Agent		Name		=		
	ROBERT		[32 Street Add	ress (P.O. Box Number is Not Acceptat	ole)		
), military trail STE 5 Orth FL 33463		83					
				B4 City	FL 85 Zip Code) Code
SIGNATURE _ 12. TITLE	D	ND D.HECTORS	13. IE 1.1 I		alwer restricts ADDITIONS/CHANGES TO OFF		DIRECTO) Change	FIS (N. 12
NAME STREET ADDRESS	MADUENO, DANIEL 6191 ARCADE COURT			REET ADORESS				
CITY-ST-7IP	LAKE WORTH FL 33463	DELE		Y - \$1 - 21F			1 Change	Addition
NAME STREET ADDRESS	D MADUENO, FONDA 6191 ARCADE COURT	בן אווי	2 2 NA	1		_		
CITY-ST-ZIP TITLE	LAKE WORTH FL 33463	DELE		IV-SI-ZIF		·É) Change	☐ Addition
NAME STREET ADDRESS			32 N/ 33 S	MÉ IRLET ADDRESS				
CITY-SI-ZIP				TY - ST - ZIP				
THILE		DELE	TE 4 1 T] Change	Addition
NAMÉ				REET ADDRESS				
STHEET ADDRESS			l l	Tri-ST-2IP	1 UUUU 1 616 -0671779601	02001 02001	ζ_ * T	
CITY-ST ZIP TITLE		[] DELI			1000016# -06/17/9601 ***200.00	020 - 01	Change	☐ Addition
NAME			52 N		*** ~~UU, U U			
NAME STREET ADDRESS				IRFET ADDRESS				
CITY - ST - ZIP				1				
CH17 - 51 - 719			1 545	ity-St-ZIP I				
TITLE		DEI.		ITY - ST - ZIP			Change	Addition
TITLE		☐ D€U		IILE			Change	Addition

63 STREET ADDRESS

SIGNATURE:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes - Ffurther certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.