


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000086544</b> 1. Entity Name <b>CAFFE ITALIA ICE CREAM ITALIANO, INC.</b>	
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Principal Place of Business <b>236 MIRACLE STRIP PKWY., S.E. FT. WALTON BEACH, FL 32548</b>	Mailing Address <b>236 MIRACLE STRIP PKWY., S.E. FT. WALTON BEACH, FL 32548</b>
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04212004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0624213</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  <b>TREMOLINI, GUIDO 236 MIRACLE STRIP PKWY., S.E. FT. WALTON BEACH, FL 32548</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TREMOLINI, GUIDO 236 MIRACLE STRIP PKWY., S.E. FT. WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TREMOLINI, RINALDO 236 MIRACLE STRIP PKWY., S.E. FT. WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FARONI, SIMONA 236 MIRACLE STRIP PKWY., S.E. FT. WALTON BEACH, FL 32548
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04/28/04-80002-013 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:** *Simona Faroni* **4/23/04** **(850) 243-5455**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #