2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000086544

1. Entity Name
CAFFE ITALIA ICE CREAM ITALIANO, INC.

Principal Place of Business	Mailing Address
236 MIRACLE STRIP PKWY., S.E. FT. WALTON BEACH, FL 32548	236 MIRACLE STRIP PKWY., S.E. FT. WALTON BEACH, FL 32548

04102006 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0624213
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TREMOLINI, GUIDO
236 MIRACLE STRIP PKWY., S.E.
FT. WALTON BEACH, FL 32548

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

U00000520640
05/02/06-80097-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TREMOLINI, GUIDO
STREET ADDRESS	236 MIRACLE STRIP PKWY., S.E.
CITY-ST-ZIP	FT. WALTON BEACH, FL 32548
TITLE	D
NAME	TREMOLINI, RINALDO
STREET ADDRESS	236 MIRACLE STRIP PKWY., S.E.
CITY-ST-ZIP	FT. WALTON BEACH, FL 32548
TITLE	D
NAME	FARONI, SIMONA
STREET ADDRESS	236 MIRACLE STRIP PKWY., S.E.
CITY-ST-ZIP	FT. WALTON BEACH, FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Guido Tremolini 4-17-06 850-243-5455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #