

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000086544

FILED
Apr 24, 2008
Secretary of State

Entity Name: CAFFE ITALIA ICE CREAM ITALIANO, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

1785 FIM BLVD.
FT. WALTON BEACH, FL 32547

Current Mailing Address:

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

New Mailing Address:

1785 FIM BLVD.
FT. WALTON BEACH, FL 32547

FEI Number: 65-0624213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

TREMOLINI, GUIDO
1785 FIM BLVD.
FT. WALTON BEACH, FL 32547 US

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.

SIGNATURE:

04/24/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TREMOLINI, GUIDO
Address: 236 MIRACLE STRIP PKWY., S.E.
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: D () Delete
Name: TREMOLINI, RINALDO
Address: 236 MIRACLE STRIP PKWY., S.E.
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: D () Delete
Name: FARONI, SIMONA
Address: 236 MIRACLE STRIP PKWY., S.E.
City-St-Zip: FT. WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TREMOLINI, GUIDO
Address: 1785 FIM BLVD.
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: D (X) Change () Addition
Name: TREMOLINI, RINALDO
Address: 1785 FIM BLVD.
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: D (X) Change () Addition
Name: FARONI, SIMONA
Address: 1785 FIM BLVD.
City-St-Zip: FT. WALTON BEACH, FL 32547

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIMONA FARONI

D

04/24/2008

Electronic Signature of Signing Officer or Director

Date