

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90023 014 ***158.75

DOCUMENT # P96000009678

1. Entity Name

JAY KELL Y'S LITTLE ITALY, INC.



Principal Place of Business

11328 OKEECHOBEE BLVD. #3
ROYAL PALM BEACH FL 33411

Mailing Address

162 CYPRESS TREE
WEST PALM BEACH FL 33411

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number 65-0639425

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KELL Y, JAY
11328 OKEECHOBEE BLVD. #3
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name BRENDA ROBERTO
Street Address (P.O. Box Number is Not Acceptable) 162 CYPRESS TRACE
City ROYAL PALM BCH FL Zip Code 33411

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 BRENDA ROBERTO Brenda Roberto DATE 3/23/05
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | KELLY, JAY | |
| STREET ADDRESS | 5516 D CANNON WAY | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33413 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | ROBERTO, BRENDA | |
| STREET ADDRESS | 162 CYPRESS TRACE | |
| CITY-ST-ZIP | ROYAL PALM BEACH FL 33411 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | STODOLSKI, WILLIAM | |
| STREET ADDRESS | 831 SPRINGDALE COURT | |
| CITY-ST-ZIP | PALM SPRINGS FL 33461 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VICE PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRENDA ROBERTO | |
| STREET ADDRESS | SAME | |
| CITY-ST-ZIP | | |
| TITLE | PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAM STODOLSKI | |
| STREET ADDRESS | 317 SANDPiper AVE | |
| CITY-ST-ZIP | ROYAL PALM BCH FL 33411 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 BRENDA ROBERTO Brenda Roberto DATE 3/23/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #