2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 06, 2006 8:00 am Secretary of State DOCUMENT # P96000013869 1. Entity Name 02-06-2006 90077 031 ***150.00 SORBELLO'S, INC. Principal Place of Business Mailing Address 102 DEBARY AVE 102 DEBARY AVE **ORANGE PARK FL 32073 ORANGE PARK FL 32073** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CŘ2E034 (10/05) 1st MOORE City & State City & State 4. FEI Number Applied For 59-3361539 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANTORO, THOMAS C Street Address (P.O. Box Number is Not Acceptable) 1700 WELLS ROAD SUITE 5 **ORANGE PARK FL 32073** City Zip Code 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 Signature, typed or praited name of registered agent and little if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change ☐ Addition PTD Delete THIF TITLE LO SARA M NAME SORBELLO, SARA M NAME -17 Dogwood LN STREET ADDRESS 4685 DEBBIE LANE-STREET ADDRESS ANGE PARK F132073 CITY-ST-ZIP **ORANGE PARK FL 32073** CITY-ST-ZIP RY17 DOGWOOD W TITLE ☐ Defete ■ Addition SORBELLO, NICOLO M NAME NAME STREET ADDRESS 1005 DEBBIE LANE STREET ADDRESS Bark F1 3208 CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Change TITLE Addition Detete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Channe ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

FILED

24 Jan 06 904-269-3000