2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2006 08:00 AM Secretary of State

DOCUMENT # P96000031945 1. Entity Name VINNY & MRS. VINNY, INC.					Secretary of State				
Principal Place of Business Mailing Address					}				
602 LANTANA RD. 602 LANTANA RD. LANTANA, FL 33462 LANTANA, FL 33462					\##\##\##\	iiin diin ddii ddii ees	D 金金油屋 100厘米 11車(電子管50, 電4庫	Et Corce a it chas	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt #. etc.		Suite, Apt #, etc.		03172006	Chg-P	CR2E034 (11/0	15)		
City & State		City & State		4. FEI Number 65-0664	479		Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate of	Status Desired	☐ \$8.75 Fee Req	Additional uired	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	egisterad Agent		
MAZZOCCHI, NUNZIA				Name	Name				
602 LANTANA RD. LANTANA, FL 33462			- :	Street Address (at Address (P.O. Box Number is Not Acceptable)				
				City			FL Zip (Code	
	named entity submits this statement to tions of registered agent.	r the purpose of changing it	s register	ed office or register	red agent, or both,	in the State of Flo	orida. I am familiar w	ith, and accept	
SIGNATURE.	Signature, typed or printed near-of registered agont	and title il anchronic XXIII	TE: On minters	d Agent signature required	Juhan satness fine)		DATE		
FIL	E NOWIII FEE IS \$150.00	9. Election Campa	aign Finai		.00 May Be	<u></u>			
	ay 1, 2005 Fee will be \$550.	1		D Add					
10.	OFFICERS AND		11.	<u> </u>	ADDITIONS/CI	HANGES TO OFF	ICERS AND DIRECT	· ·	
NAME	MAZZOCCHI, NUNZJA	Delete	1997 1997	i			☐ Chan	ge 🔲 Addition	
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	certify that the information supplied with	this filing does not qualify for			in Chapter 119, f	lorida Statutes. I	further certify that (t	ne Information	
indicated of the cor changed,	certify that the information supplied with on this report or supplemental report is rporation or the receiver or trustee empo , or on an attachment with predictiess, i	s true and accurate and that owered to execute this repor with all other like empowered	my signa t as requi t.	ture shall have the : red by Chapter 607	same legal effect a , Florida Statutes,	as if made under of and that my name	eath, that I am an off a appears in Block 1	icer or director 0 or Block 11 il	

SIGNATURE:

AGIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

76 561 5885