

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mail Apr 18, 2005 08:00 AM

Div Secretary of State
Annual Report Section
PO Box 6850
Tallahassee, FL 32314

DOCUMENT # P97000013360		
1. Entity Name DOLCE E SAVORITO INC.		
Principal Place of Business 1905 N. ATLANTIC BLVD. APT 15C	Mailing Address 1905 N. ATLANTIC BLVD. APT 15C	



04062005 No Chg-P CR2E034 (10/03)

6. Filing Number
65-0733547

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

5. Name and Address of Current Registered Agent

PASTURA, CARLA
1905 N ATLANTIC BLVD.
APT 15C
TALLAHASSEE, FL 32314

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.

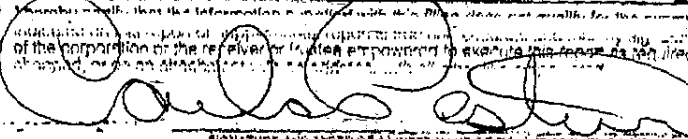
SIGNATURE _____ U000000314630
Signature, typed or printed name of registered agent and title if applicable (If 10, Registered Agent signature required when resigning) 04/19/05-65002-005 150.00

FILE NOW!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

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

OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASTURA, CARLA 1905 N. ATLANTIC BLVD. TALLAHASSEE, FL 32314
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10. I, the undersigned, certify that the information contained on this form is true and correct for the corporation stated in Section 10 of this form. Florida Statute 223.01(1) requires that the information of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, be on this statement.



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05

Date Copying Photo