

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000013360

1. Entity Name
DOLCE E SAPORITO INC.



FILED
Apr 19, 2007 08:00 AM
Secretary of State

Principal Place of Business
1905 N. ATLANTIC BLVD.
APT 15C
FT LAUDERDALE, FL 33305

Mailing Address
1905 N. ATLANTIC BLVD.
APT 15C
FT LAUDERDALE, FL 33305



04162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0733547	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PASTURA, CARLA
1905 N ATLANTIC BLVD.
APT 15C
POMPANO BEACH, FL 33305

**DO NOT WRITE
IN THIS SPACE**

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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASTURA, CARLA 1905 N. ATLANTIC BLVD. FT LAUDERDALE, FL 33305
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IN THIS SPACE**

U00000717068
04/30/07-80033-018 150.00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-07-954-564-1280