

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000052453

1. Entity Name

BIANCA'S RISTORANTE ITALIANO, INC.



Principal Place of Business

16251 NORTH CLEVELAND AVENUE
NORTH FORT MYERS, FL 33903

Mailing Address

16251 NORTH CLEVELAND AVENUE
NORTH FORT MYERS, FL 33903

FILED
Feb 21, 2005 08:00 AM
Secretary of State

Dept. OF STATE



01122005 No Chg-P CR2E034 (10/03)

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4. FEI Number

65-0761064

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIBELLA, SANTO
16251 NORTH CLEVELAND AVENUE
NORTH FORT MYERS, FL 33903

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME DIBELLA, SANTO
STREET ADDRESS 4320 SE 1ST PLACE
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE D
NAME DIBELLA, KAREN S
STREET ADDRESS 4320 SE 1ST PLACE
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000237795
02/21/05-80073-002 150.00

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IN THIS SPACE**

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #