## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: HUN YOUNG FUSCO

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

## Apr 04, 2005 08:00 AM Secretary of State DOCUMENT # P97000069600 1. Entity Name THAT'S AMORE' IN NAPOLI, INC. Principal Place of Business Mailing Address 321 22ND AVE NW NAPLES FL 34120 3300 SANTA BARBARA BLVD NAPLES FL 34116 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-3462569 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FUSCO, ANTHONY Street Address (P.O. Box Number is Not Acceptable) 321 22ND AVE NW NAPLES FL 34120 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. ANI HOUGE FUSCO PRESIDENCE <del>3.7-- ()</del> SIGNATURE DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 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. 11. THEF Delete TOTE Change Addition FUSCO, ANTHONY NAME NAME STREET ADDRESS 321 22ND AVE NW STREFT ADDRESS CITY - ST - ZIP NAPLES FL 34120 CITY-ST-ZIP THILE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE NAME NAME STREET ADORESS STREET AUUNEAS CITY - ST - ZIP CHI ST-ZIP Change Addition TITLE ☐ Defete U00000267780 04/04/05-80083-006 150.00 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY - ST- ZIP Change ☐ Addition Delete HILETITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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.

**FILED** 

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