


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 03, 2007 8:00 am**  
**Secretary of State**

07-03-2007 90007 028 \*\*\*158.75

<b>DOCUMENT # P97000099383</b>		
1. Entity Name TRATTORIA DELFINO, INC.		
Principal Place of Business 185 EAST INDIANTOWN ROAD SUITE 217 JUPITER, FL 33477		Mailing Address 185 EAST INDIANTOWN ROAD SUITE 217 JUPITER, FL 33477
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  SCHANEL, GLENN CPA 14263 US HIGHWAY ONE JUNO BEACH, FL 33408		<b>DO NOT WRITE IN THIS SPACE</b>
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: _____ <small>Signature: typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE: _____		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GHINI, MARIO 185 EAST INDIANTOWN RD., SUITE 217 JUPITER, FL 33477	
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>DO NOT WRITE IN THIS SPACE</b>		
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 an other like empowered.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date: _____ Daytime Phone #: _____		

40122570



06062007 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0794935

Applied For
Not Applicable

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