

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**,  
Secretary of State  
DIVISION OF CORPORATIONS

1999 AMENDED

DOCUMENT # P98000031950

1. Corporation Name

Nonna's Kitchen, Inc.

Principal Place of Business

Mailing Address

2302 N.W. 7th Place  
Miami, FL 33127

SAME

FILED  
99 AUG 30 AM 8:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 3333 N. University Dr.  
Suite, Apt. #, etc.

2a. Mailing Address

26 3333 N. University Dr.  
Suite, Apt. #, etc.

3. Date incorporated or Qualified

April 7, 1998

4. FEI Number

65-0832208

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

22 City & State

23 Davie

FL

Zip

24 33024

25 USA

27 City & State

28 Davie

FL

Zip

29 33024

30 USA

9. Name and Address of Current Registered Agent

Giuseppe Venturoso  
3333 N. University Dr.  
Davie, FL 33024

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Giuseppe Venturoso*  
Signature of registered agent or printed name of registered agent and title if applicable

*Prud*  
(NOTE: Registered Agent signature required when reinstating)

DATE

8-17-99

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

NAME Giuseppe Venturoso  
STREET ADDRESS 3333 N. University Dr.  
CITY-ST-ZIP Davie, FL 33024

13. TITLE ☒ DELETE

NAME VP/D  
STREET ADDRESS 3333 N. University Dr.  
CITY-ST-ZIP Davie, FL 33024

14. TITLE ☐ DELETE

NAME S/D  
STREET ADDRESS Leslie Venturoso  
CITY-ST-ZIP 3333 N. University Dr.  
Davie, FL 33024

15. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

16. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

17. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Giuseppe Venturoso*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

CR2E034 (11/98)