

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 27, 2006 08:00 AM
Secretary of State

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1. Entity Name
DOLCE VITA RESTAURANT, INC.



Principal Place of Business
1244 PERIWINKLE WAY
SANIBEL ISLAND, FL 33957

Mailing Address
P.O. BOX 716
SANIBEL ISLAND, FL 33957

DO NOT WRITE IN THIS SPACE

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04252006

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4. FEI Number
65-0909090

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75
0000000000

6. Name and Address of Current Registered Agent

ARMENIA, JOHN
2430 PERIWINKLE WAY
SUITE 8
SANIBEL ISLAND, FL 33957

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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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00
0000000000

1000000540277
05/10/06-80012-004 158.75

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ARMENIA, JOHN
STREET ADDRESS 2430 PERIWINKLE WAY, SUITE B
CITY-ST-ZIP SANIBEL ISLAND, FL 33957

TITLE VSD
NAME MUCCIGA, ANDREA
STREET ADDRESS 2430 PERIWINKLE WAY SUITE B
CITY-ST-ZIP SANIBEL ISLAND, FL 33957

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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IN THIS SPACE

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

Andrea Mucciga

4/25/06

239-472-5555

Daytime Phone #