

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90165 033 ***150.00

DOCUMENT # P99000043784

1. Entity Name

ITALIAN CONCEPT, INC.



Principal Place of Business

777 NW 72 AVE
3 K 19
MIAMI FL 33126

Mailing Address

777 NW 72 AVE
P2 6
MIAMI FL 33126



2. Principal Place of Business

777 NW 72 AVE
Suite, Apt. #, etc.
3 K 19
City & State
MIAMI FL
Zip
33126
Country
USA

3. Mailing Address

777 NW 72 AVE
Suite, Apt. #, etc.
3 K 19
City & State
MIAMI FL
Zip
33126
Country
USA

1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0930110

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHIRALDI, PAOLO
755 NW 72ND AVE.
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

Paolo Schiraldi
Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstating)

04/29/05
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
SCHIRALDI, PAOLO
755 NW 72ND AVE., #6
MIAMI FL 33126
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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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:

Paolo Schiraldi
Signature and typed or printed name of signing officer or director
04/29/05 305/260-9767
Date Daytime Phone #