

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2007 90038 009 \*\*\*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  
3 K 19  
MIAMI, FL 33126



2. Principal Place of Business - No P.O. Box #

755 NW 72 AVE

3. Mailing Address

755 NW 72 AVE

Suite, Apt. #, etc.

PLAZA 6

Suite, Apt. #, etc.

PLAZA 6

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33126

Country

USA

Zip

33126

Country

USA

04302007

Chg-P

CR2E034 (12/06)

4. FEI Number

65-0930110

Apply 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)

755 NW 72 AVE  
PLAZA 6

City

MIAMI

FL

Zip Code

33126

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

*Schiraldi Paolo*

Signature typed or printed name of registered agent and true if applicable

(NOTE: Registered Agent signature required when re-registering)

4-30-07

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHIRALDI, PAOLO	
STREET ADDRESS	755 NW 72ND AVE., #6	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 lists empowered.

SIGNATURE:

*Schiraldi Paolo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

Date

3052609767

Daytime Phone #