

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000047166

1. Entity Name
NOTTURNO, INC.



Principal Place of Business
5395 LYONS RD
POMPANO BEACH, FL 33073

Mailing Address
3919 N.W. 57TH ST.
POMPANO BEACH, FL 33073



03302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0933007

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PUGLIESE, MICHAEL I ESQ
2026 N.W. 48TH AVE.
MARGATE, FL 33063

**DO NOT WRITE
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PUGLIESE, LOUIS
STREET ADDRESS 3919 NW 57TH ST.
CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE VP
NAME PUGLIESE, FRANCES
STREET ADDRESS 3919 NW 57TH STREET
CITY-ST-ZIP POMPANO BEACH, FL 33073

TITLE S
NAME AIELLO, ROSANNA
STREET ADDRESS 3919 NW 57TH STREET
CITY-ST-ZIP POMPANO BEACH, FL 33073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

100000285758
04/04/05-80001-007 150.00

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/05

Date

454-596-1517

Daytime Phone #