

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 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**



01152006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0933007

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

Michael I. Pugliese

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/20/06

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 May Be
Added to Fees**

10.

OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
AIELLO, ROSANNA
3919 NW 57TH STREET
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

000000396998
01/30/06-80031-024 158.75

**DO NOT WRITE
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

DATE

Daytime Phone #

1/20/06 954 5961517