

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 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

**DO NOT WRITE IN THIS SPACE**



01102007 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

**6. Name and Address of Current Registered Agent**

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

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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 *Michael I Pugliese Esq*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/11/07  
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 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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01/19/07-80021-013 158.75

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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 *Louis Pugliese* 1/18/07 (954) 596-1517  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone