

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 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**



01092008 No Chg-P CR2E034 (11/05)

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

(NOTE: Registered Agent signature required when reinstating)

3/21/08
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000875872
04/11/08-80050-025 150.00

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

**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 another like empowered.

SIGNATURE: Sam Fyfe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES

3/27/08

Date

Daytime Phone #