


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000051019 1. Entity Name FAV'S ITALIAN CUCINA, INC.	
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Principal Place of Business 419 12TH STREET WEST BRADENTON, FL 34207	Mailing Address 416 BRYN MAWR ISLAND BRADENTON, FL 34207
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01152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0922341	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FAVASULI, MICHAEL 416 BRYN MAWR ISLAND BRADENTON, FL 34207

**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	02/08/06-80101-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FAVASULI, MICHAEL 416 BRYN MAWR ISLAND BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAMONT, WILSON 416 BRYN MAWR ISLAND BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS WILSON, MARIE 416 BRYN MAWR ISLAND BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FAVASULI, MARIA 416 BRYN MAWR ISLAND BRADENTON, FL 34207
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 all other like empowered.

SIGNATURE: Maria P. Favasuli 1/25/06 (941) 708-3287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #