

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000076806

Entity Name
RISTORANTE ABRUZZO, INC.



Principal Place of Business
2301 DEL PRADO BLVD., #870
CAPE CORAL, FL 33990

Mailing Address
2301 DEL PRADO BLVD., #870
CAPE CORAL, FL 33990

FILED
Jan 23, 2006 08:00 AM
Secretary of State

Dept. of STATE



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0943514

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SALVATORE, DOMINICO
2301 DEL PRADO BLVD., #870
CAPE CORAL, FL 33990

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I, 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 re-registering)

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

000001397823
01/30/06-80066-006 150.00

OFFICERS AND DIRECTORS

DP
SALVATORE, DOMINICO
506 S.E. 26TH TERR.
CAPE CORAL, FL 33904

V
SALVATORE, ANTONIO
506 SE 26TH TERRACE
CAPE CORAL, FL 33904

T
SALVATORE, TERESA
506 SE 26 TERR
CAPE CORAL, FL 33904

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IN THIS SPACE**

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 #