


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # S54324
 1. Entity Name
VINNY TESTAVERDE, INC.



Principal Place of Business Mailing Address
 % GEORGE K. GUIDA % GEORGE K. GUIDA
 1106 N. FRANKLIN ST 1106 N. FRANKLIN ST
 TAMPA, FL 33602 TAMPA, FL 33602



01032006 No Chg-P CRZE034 (11/05)
 4. FEI Number Applied For
59-3070037 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
 GUIDA, GEORGE K
 1106 N. FRANKLIN ST
 TAMPA, FL 33602

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: *George Guida* DATE: 5-1-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP TESTAVERDE, VINCENT 16700 GULF BLVD #631 N. REDINGTON BEACH, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TESTAVERDE, JOSEPHINE 249 HUNNEWELL AVENUE ELMONT, NY 11003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS TESTAVERDE, MITZI 16700 GULF BLVD #631 N. REDINGTON BEACH, FL 33708
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000565232
 05/20/06-80117-023 150.00
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 19, 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 637, 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: *Malcolm* DATE: 5-1-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #