

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S54324

FILED  
Apr 26, 2011  
Secretary of State

Entity Name: VINNY TESTAVERDE, INC.

**Current Principal Place of Business:**

% GEORGE K. GUIDA  
1106 N. FRANKLIN ST  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

% GEORGE K. GUIDA  
1106 N. FRANKLIN ST  
TAMPA, FL 33602

**New Mailing Address:**

FEI Number: 59-3070037

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GUIDA, GEORGE K  
1106 N. FRANKLIN ST  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: TESTAVERDE, VINCENT  
Address: 17122 GUNN HIGHWAY  
City-St-Zip: ODESSA, FL 33556

Title: DT  
Name: TESTAVERDE, JOSEPHINE  
Address: 249 HUNNEWELL AVENUE  
City-St-Zip: ELMONT, NY 11003

Title: DVS  
Name: TESTAVERDE, MITZI  
Address: 17122 GUNN HIGWAY  
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VINCENT TESTAVERDE

DP

04/26/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date