

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 06, 2005 8:00 am
Secretary of State

05-04-2005 90132 022 ***150.00

DOCUMENT # S59972

1. Entity Name
AMALFI'S ITALIAN RESTAURANT INC.



Principal Place of Business
**6149 WESTWOOD BLVD.
ORLANDO, FL 32821-8083**

Mailing Address
**6149 WESTWOOD BLVD.
ORLANDO, FL 32821-8083**

66021613



03092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3068398

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**NAVARRA, ANTONIO
6149 WESTWOOD BLVD.
ORLANDO, FL 32819**

**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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NAVARRA, ANTONIO
STREET ADDRESS	10000 N FULTON CT.
CITY - ST - ZIP	ORLANDO, FL 32838
TITLE	S
NAME	NAVARRA, JOSEPHINE
STREET ADDRESS	10000 N FULTON CT.
CITY - ST - ZIP	ORLANDO, FL 32836
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 exemption stated in Section 119.07(3)(i), 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:

Josephine Navarra
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/05 *407-351-5346*
Date Daytime Phone #