

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000090828

**FILED**  
**Feb 26, 2014**  
**Secretary of State**  
**CC8312116924**

**Entity Name:** GIOVANNI RISTORANTE ITALIANO OF NAPLES, INC.

**Current Principal Place of Business:**

5975 PINE RIDGE ROAD  
NAPLES, FL 34109

**Current Mailing Address:**

5975 PINE RIDGE ROAD  
NAPLES, FL 34109

**FEI Number: 65-1042643**

**Certificate of Status Desired: Yes**

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

CONIGLIARO, GIOVANNI  
14629 BEAUFORT CIRCLE  
NAPLES, FL 34119 US

*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: GIOVANNI CONIGLIARO**

**02/26/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           DPT  
Name           CONIGLIARO, MARIA D  
Address        14629 BEAUFORT CIR  
City-State-Zip: NAPLES FL 34119

Title           OFFICER  
Name           CONIGLIARO, PASQUALE  
Address        14629 BEAUFORT CIR  
City-State-Zip: NAPLES FL 34119

Title           SECRETARY, VP  
Name           CONIGLIARO, GIOVANNI  
Address        14629 BEAUFORT CIR  
City-State-Zip: NAPLES FL 34119

*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: GIOVANNI CONIGLIARO**

**VICE PRESIDENT**

**02/26/2014**

Electronic Signature of Signing Officer/Director Detail

Date