

**2026 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000090828

**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: No**

**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

04/11/2026

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title SECRETARY, VP  
Name CONIGLIARO, GIOVANNI  
Address 14780 INDIGO LAKES CIRCLE  
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

VP

04/11/2026

Electronic Signature of Signing Officer/Director Detail

Date