


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # H08622**  
 1. Entity Name  
**RENZO'S ITALIAN RESTAURANT, INC.**



Principal Place of Business      Mailing Address  
 5999 N. FEDERAL HWY      5999 N. FEDERAL HWY  
 BOCA RATON, FL 33487 US      BOCA RATON, FL 33487 US

**DO NOT WRITE IN THIS SPACE**



09202004      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 59-2432266      Not Applicable

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

6. Name and Address of Current Registered Agent  
 SCIORTINO, LORENZO  
 5999 N. FEDERAL HWY  
 BOCA RATON, FL 33487

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCIORTINO, LORENZO
STREET ADDRESS	5999 N. FEDERAL HWY
CITY - ST - ZIP	BOCA RATON, FL 33487
TITLE	VPD
NAME	PIEDISCALZI, COSIMO
STREET ADDRESS	5999 N. FEDERAL HWY
CITY - ST - ZIP	BOCA RATON, FL 33487
TITLE	ST
NAME	SCIORTINO, ROSARIO
STREET ADDRESS	5999 N. FEDERAL HWY
CITY - ST - ZIP	BOCA RATON, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000172567  
 09/29/04-80001-010 550.00

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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: *Lorenzo Sciortino*      9/5/04      \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #