


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 07, 2005 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**



06302005    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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCIORTINO, LORENZO 5999 N. FEDERAL HWY BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PIEDISCALZI, COSIMO 5999 N. FEDERAL HWY BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SCIORTINO, ROSARIO 5999 N. FEDERAL HWY BOCA RATON, FL 33487
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 07/07/05-80003-006 550.00

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:       Date: 7/5/05      

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Date