## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# L79429

FILED Apr 25, 2007 Secretary of State

Entity Name: FRASCATI'S ITALIAN RESTAURANT & DELI, INC.

current P	rincipal Place	of Business:	New Principal Place	e of Business:
	PORT RD. N. FL 34104 L	JS		
Current Mailing Address:		New Mailing Address:		
1258 AIRPORT RD. N. NAPLES, FL 34104 US		1479 PALMA BLANCA CT. NAPLES, FL 34119 US		
El Number	: 65-0229843	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
lame and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
,	CORINNE M IRPORT RD. FL 34104 U	IS.		
,	1 2 3 4 10 4	.5		
he above			purpose of changing its registere	ed office or registered agent, or both,
he above	e named entity : e of Florida.		purpose of changing its registere	ed office or registered agent, or both,
he above the Stat	e named entity s e of Florida. RE:			ed office or registered agent, or both,  Date
the above the Stat	e named entity : e of Florida. RE:Electror	submits this statement for the		
he above the Stat GNATU	e named entity : e of Florida. RE:Electror	submits this statement for the pair is statement for the pair is statement for the pair is submitted. Ag	ent	
he above the Stat GNATU	e named entity se of Florida.  RE: Electror  mpaign Financing  S AND DIREC	submits this statement for the paic Signature of Registered Agg Trust Fund Contribution ( ).  TORS: Delete HARLES J AY CIRCLE	ent	Date
The above to the State SIGNATU  SIGNATU  SIECTION Ca  DFFICER  itle: lame: ddress:	e named entity se of Florida.  RE: Electror  mpaign Financing  S AND DIREC  PS ( ) CERNIGLIA, CH 1723 GALLOW BARRINGTON,	submits this statement for the partic Signature of Registered Agg Trust Fund Contribution ( ).  TORS:  Delete HARLES J AY CIRCLE IL 60010 US  Delete INNE M LANCA CT.	ent  ADDITIONS/CHANG  Title:  Name:  Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CORINNE M. OLAYOS VPTS 04/25/2007