


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000063597  
 1. Entity Name  
 CLINTMOORE RESTAURANT, INC.



Principal Place of Business  
 2901 CLINTMOORE ROAD  
 BAY 3  
 BOCA RATON, FL 33434 US

Mailing Address  
 4611 JOHNSON FORD  
 SUITE 1  
 COCONUT CREEK, FL 33073 US

**DO NOT WRITE IN THIS SPACE**



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number  
 65-1115711 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 BILOTTI, JOSEPH  
 4611 JOHNSON ROAD  
 SUITE 1  
 COCONUT CREEK, FL 33073

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	BILOTTI, JOSEPH J
STREET ADDRESS	4611 JOHNSON RD #1
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000837280  
 03/04/08-80050-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: 2/1/08 Daytime Phone #: 954-601-0500