


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90031 025 ***150.00

DOCUMENT # P93000049883

1. Entity Name
THE ITALIAN GRILL, INC.



Principal Place of Business 8620 S. TAMIAMI TRAIL SARASOTA, FL 34232 US	Mailing Address 8620 S. TAMIAMI TRAIL SARASOTA, FL 34232 US
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01172008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0430075	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VISCONTI, FRANK
 8620 S. TAMIAMI TRAIL
 SARASOTA, FL 34232**

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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	DP VISCONTI, FRANK 8620 S. TAMIAMI TR. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GIANCINTO, AURELIO 8620 S. TAMIAMI TR. SARASOTA, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 Daytime Phone #