

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000059345

FILED  
Apr 20, 2004  
Secretary of State

Entity Name: PORTOFINO ITALIAN RISTORANTE, INC.

**Current Principal Place of Business:**

4563 44TH STREET SOUTH  
ST. PETERSBURG, FL 33711

**New Principal Place of Business:**

**Current Mailing Address:**

4563 44TH STREET SOUTH  
ST. PETERSBURG, FL 33711

**New Mailing Address:**

FEI Number: 59-3583665      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MIZIO, ARMANDO F  
25400 U.S. 19 NORTH  
SUITE 210  
CLEARWATER, FL 33763 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: FISCHETTI, MICHELE  
Address: 4563 44TH STREET SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33711

Title: DVS ( ) Delete  
Name: FISCHETTI, ANNA  
Address: 4563 44TH STREET SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33711

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition  
Name: FISCHETTI, MICHELE  
Address: 4563 44TH STREET SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33711

Title: VPSD (X) Change ( ) Addition  
Name: FISCHETTI, ANNA  
Address: 4563 44TH STREET SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33711

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHELE FISCHETTI

PTD

04/20/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date