2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State
05-04-2004 90213 018 ***150.00

DOCUMENT # P00000012406

1. Entity Name
VINGIANO ITALIAN RESTAURANT, INC. #3

44044333

Principal Place of Business	Mailing Address
11995 SOUTHERN BLVD., BAY 2&3 ROYAL PALM BEACH, FL 33441	11995 SOUTHERN BLVD., BAY 2&3 ROYAL PALM BEACH, FL 33441

04192004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
861 Yamato Road	7700 CONGRESS AVE.
Suite, Apt. #, etc. BAY 3	Suite, Apt. #, etc. # 1136
City & State Boca Raton, FL.	City & State BOCA RATON, FL
Zip 33431 Country USA	Zip 33487 Country USA

4. FEI Number
65-0978055
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VINGIANO, CHRISTOPHER 11995 SOUTHERN BLVD., BAY 2&3 ROYAL PALM BEACH, FL 33441	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD VINGIANO, CHRISTOPHER 11995 SOUTHERN BLVD., BAY 2&3 ROYAL PALM BEACH, FL 33441	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: _____ 4/26/04 561-997-0874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #