

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90216 026 ***662.74

DOCUMENT # P98000016812					
1. Entity Name VINGIANO ITALIAN RESTAURANT, INCORPORATED					
Principal Place of Business 7700 CONGRESS AVE #1136 BOCA RATON, FL 33487			Mailing Address 7700 CONGRESS AVE #1136 BOCA RATON, FL 33487		
2. Principal Place of Business		3. Mailing Address 4801 Linton Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Delray Beach, FL		4. FEI Number 65-0812611	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
33445		33445		04132006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent VINGIANO, CHRIS 7700 CONGRESS AVENUE #1136 BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name: SAME Street Address (P.O. Box Number is Not Acceptable): 4801 LINTON BLVD. City: Delray Beach FL Zip Code: 33445		
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, 2006 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 D NAME VINGIANO, CHRIS STREET ADDRESS 7700 CONGRESS AVE., #1136 CITY-ST-ZIP BOCA RATON, FL 33487	☐ Delete		TITLE (Same) NAME VINGIANO, CHRIS STREET ADDRESS 4801 LINTON BLVD CITY-ST-ZIP Delray Beach, FL 33445	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
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: Chris Vingiano 4/27/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					