

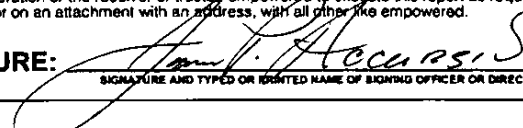


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2008 8:00 am
Secretary of State

04-17-2008 90010 036 ***150.00

DOCUMENT # 354936 1. Entity Name THE CAPRI RESTAURANT, INC.		
Principal Place of Business 935 NORTH KROME AVENUE FLORIDA CITY, FL 33034		Mailing Address 935 NORTH KROME AVENUE FLORIDA CITY, FL 33034
DO NOT WRITE IN THIS SPACE		66010805 
		03222008 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-1271868
		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ACCURSIO, JAMES P 935 N. KROME AVENUE FLORIDA CITY, FL 33034		DO NOT WRITE IN THIS SPACE
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 re-registering) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ACCURSIO, JAMES 935 N. KROME AVE. FLORIDA CITY, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TALARICO, CARMEN 19200 SW 304TH ST HOMESTEAD, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ACCURSIO, PATRICIA 935 N KROME AVE FLORIDA CITY, FL 33034	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 5/13/08 Daytime Phone #: 305-247-1544