

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 548389**  
 1. Entity Name  
**NINO'S ITALIAN RESTAURANT & PIZZERIA OF FLORIDA, INC.**



Principal Place of Business      Mailing Address  
**3086 CLEVELAND AVENUE**      **3086 CLEVELAND AVENUE**  
**FORT MYERS, FL 33901-7004**      **FORT MYERS, FL 33901-7004**

**DO NOT WRITE IN THIS SPACE**



01082004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-1850123**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**SCADUTO, ANTONIO**  
**1342 RIO VISTA AVE.**  
**FORT MYERS, FL 33903**

**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 \_\_\_\_\_ 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

TITLE	VS
NAME	SCADUTO, ANTONIO
STREET ADDRESS	1342 RIO VISTA AVE
CITY - ST - ZIP	FT. MYERS, FL
TITLE	DPT
NAME	SCADUTO, ANTONINO
STREET ADDRESS	1342 RIO VISTA AVE
CITY - ST - ZIP	FT MYERS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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)(f), 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 Antonio Scaduto      Date 1-11-04      Daytime Phone # 239-332-0557  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR