


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 11, 2005 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**



02072005    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>59-1850123</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SCADUTO, ANTONIO 1342 RIO VISTA AVE FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SCADUTO, ANTONINO 1342 RIO VISTA AVE FT MYERS, FL
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 03/11/05-80011-015 150.00

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:** *Antonino Scaduto*      **Antonino Scaduto**      **3-6-05**      **739-332-0557**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #