## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

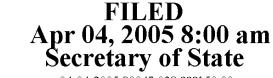
## **DOCUMENT # 646782**

1. Entity Name
ANTONIA'S RESTAURANT, INC.



Mailing Address

4822 RODMAN ST NW WASHINGTON, DC 20016



04-04-2005 90047 038 \*\*\*150.00



DO NOT WRITE	IN 7	THIS	SPA	CE
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5. Certificate of Status Desired

\$8.75 Additional Fee Required

\_\_6...Name and Address of Current Registered Agent

BERTO, ANTONIA 615 DUVAL ST KEY WEST, FL 33040

Principal Place of Business

615 DUVAL STREET

KEY WEST, FL 33040

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	ed office or re	gistered agent, or bo	oth, in the State of Florida	. I am familiar with, and	d accept
SIGNATURE	Signature, typed or printed name of registered agent and title	il applicable. (NOTE: Registered	1 Agent signature	equired when reinstating)		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERTO, ANTONIA 615 DUVAL ST KEY WEST, FL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, PHILLIP 615 DUVAL ST KEY WEST, FL						
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12. I hereby o	certify that the information supplied with this fi	ling does not qualify for the exer	nption stated	in Section 119.07(3)	(i), Florida Statutes. I furl	her certify that the infor	mation

12. I fereby certify that the information supplied with this filing does not quality 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

ANTONIA BERIO SMITH 3/30

Daytime Phone #