


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 17, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # 646782 1. Entity Name ANTONIA'S RESTAURANT, INC.	
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Principal Place of Business 615 DUVAL STREET KEY WEST, FL 33040	Mailing Address 4822 RODMAN ST NW WASHINGTON, DC 20016
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**DO NOT WRITE IN THIS SPACE**



04032006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1958963	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  BERTO, ANTONIA 615 DUVAL ST KEY WEST, FL 33040
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**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, 2006 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	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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04/29/06-80133-015 150.00

**DO NOT WRITE IN THIS SPACE**

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: Antonia Berio ANTONIA BERTO 4/13/06 202 2769395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #