

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 647234

Entity Name: DORIA'S PIER 5 RESTAURANT, INC.

**FILED**  
**Oct 05, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

124 S. FEDERAL HWY.  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

124 S. FEDERAL HWY.  
HALLANDALE, FL 33009

**New Mailing Address:**

2300 DIANA DRIVE  
APT. 201  
HALLANDALE, FL 33009

FEI Number: 59-1957996

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PERRONE, LOUIS A  
124 S. FEDERAL HWY.  
HALLANDALE, FL 33009 US

**Name and Address of New Registered Agent:**

PERRONE, FRANK  
2300 DIANA DRIVE  
APT. 201  
HALLANDALE, FL 33009 US

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.

SIGNATURE: FRANK PERRONE

10/05/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VSD ( ) Delete  
Name: PERRONE, LOUIS  
Address: 124 S FEDERAL HWY  
City-St-Zip: HALLANDALE, FL 33009

Title: PD ( ) Delete  
Name: PERRONE, PETER F  
Address: 124 S FEDERAL HWY  
City-St-Zip: HALLANDALE, FL 33009

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: PERRONE, FRANK  
Address: 2300 DIANA DRIVE, APT. 201  
City-St-Zip: HALLANDALE, FL 33009

Title: SD (X) Change ( ) Addition  
Name: PERRONE, ANGELA  
Address: 2300 DIANA DRIVE, APT. 201  
City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK PERRONE

P

10/05/2009

Electronic Signature of Signing Officer or Director

Date