


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90041 005 ***150.00

EP DVN FOU!\$ F80597 2/ Entity Name BLUE GROTTO ITALIAN RESTAURANT, INC.	
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Principal Place of Business 2785!TX!68U !B!POF NENJ!QM44266 1674 SW 57 Ave MIAMI FL 33155	Mailing Address 2785!TX!68U !B!POF NENJ!QM44266 1674 SW 57 Ave MIAMI FL 33155
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01142007 Op!Di h.Q DS3F145!22016*

EP OPU X SJF JO UI JT TQBDF

5/ FEI Number 59-2183965	Applied For Not Applicable
6/ Certificate of Status Desired <input type="checkbox"/>	%8/86 Beejupobm G f !St r vj e

7/ Obn f !boe!Bee f t t !pgDv f ouSt hjt u f e!Bhf ou DAMIAN, VINCENT 1115 NORTH GREENWAY DRIVE CORAL GABLES, FL 33134

EP OPU X SJF! JO UI JT TQBDF

9/ 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	:/ Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	%6/11 NbzlCf ! Bee f elp!G f t
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21/ OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRISON, JEFFEREY 1600 SW 57 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARRISON, WALTER B III 14800 SW 83 PL MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HARRISON, WENDY HARRISON, WENDY 1000 SW 57 AVE 12 FALLOWFIELD DR. MIAMI, FL SAVANNAH, GA 31406
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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23/ 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: <u>Wendy Harrison</u> T.HOBUSF; <u>Signature of Signing Officer</u>
1-15-07 912-355-9370 Date Daytime Phone #