

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # F84006	
1. Entity Name LUIGI'S ITALIAN AMERICAN RESTAURANT, INC.	

Principal Place of Business % LOUIS RIELLI 5912 UNIVERSITY BLVD. WEST JACKSONVILLE, FL 32216	Mailing Address % LOUIS RIELLI 5912 UNIVERSITY BLVD. WEST JACKSONVILLE, FL 32216
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DO NOT WRITE IN THIS SPACE



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2267139	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 RIELLI, LOUIS 5912 UNIVERSITY BLVD WEST JACKSONVILLE, FL 32216

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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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000622541 02/13/07-80030-002 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS RIELLI, MILDRED D 4342 ARCH CREEK DRIVE JAX, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT RIELLI, LOUIS M 4342 ARCH CREEK DRIVE JAX, FL 00000,
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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: <u>Louis M. Rielli</u>	<u>Louis M. Rielli</u>	<u>1/29/07</u>	<u>904-731-0338</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #