

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2004 8:00 am
Secretary of State

01-16-2004 90011 015 ***150.00

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01052004 Chg-P CR2E034 (10/03)

DOCUMENT # F94000000995 1. Entity Name COREST MANAGEMENT, INC.			
Principal Place of Business 763 LARKFIELD ROAD COMMACK, NY 11725		Mailing Address 763 LARKFIELD ROAD COMMACK, NY 11725	
2. Principal Place of Business 401 Broadhollow Rd Suite, Apt. #, etc.		3. Mailing Address 401 Broadhollow Rd Suite, Apt. #, etc.	
City & State Nelville, NY Zip Country 11747 US		City & State Nelville, NY Zip Country 11747 US	
4. FEI Number 11-3189134		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SBARRO, ANTHONY 763 LARKFIELD ROAD COMMACK, NY	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MERENDINO, CARMELA N 763 LARKFIELD ROAD COMMACK, NY 11725	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SBARRO, JOSEPH 763 LARKFIELD ROAD COMMACK, NY	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC SBARRO, MARIO 763 LARKFIELD ROAD COMMACK, NY	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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: *Anthony Sbarro* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

Attachment

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COREST MANAGENT, INC.
11-3189134
EXECUTIVE OFFICERS

NAME	TITLE	BUSINESS ADDRESS
Mario Sbarro	Chairman & Chief Executive Officer Director	401 Broadhollow Road Melville, NY 11747
Anthony Sbarro	Treasurer	401 Broadhollow Road Melville, NY 11747
Joseph Sbarro	Senior Executive VP & Secretary	401 Broadhollow Road Melville, NY 11747
Carmela N. Merendino	Vice-President & Asst. Secretary	401 Broadhollow Road Melville, NY 11747
Steven B. Graham	Controller	401 Broadhollow Road Melville, NY 11747
Adele Geller	Asst. Vice President of Taxation	401 Broadhollow Road Melville, NY 11747