

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F97000004903

1. Entity Name
DANIELA'S RISTORANTE, INC.



Principal Place of Business
2441 NW 43RD STR.
SUITE 13
GAINESVILLE, FL 32606

Mailing Address
2441 NW 43RD STR.
SUITE 13
GAINESVILLE, FL 32606

FILED

04 JUN 14 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06112004 No Chg-P CR2E034 (10/03)

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4. FEI Number
38-3363398

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHAVEZ, II, MANUEL
6815 NW 37TH DRIVE
GAINESVILLE, FL 32653

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

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	CHAVEZ, MANUEL II
STREET ADDRESS	6815 NW 37TH DR
CITY - ST - ZIP	GAINESVILLE, FL 32653
TITLE	VSD
NAME	LOVE, LEIGH
STREET ADDRESS	6815 NW 37TH DRIVE
CITY - ST - ZIP	GAINESVILLE, FL 32653
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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06/28/04--01065--012 **558.75

**DO NOT WRITE
IN THIS SPACE**

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: _____
Signature and Typed or Printed Name of Signer, Officer or Director

6/11/04
Date

Daytime Phone # _____