

2004 FOR PROFIT CORPORATION ANNUAL REPORT

"Hurricane Frances"

04 OCT 18 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # H05928

1. Entity Name
THE ORIGINAL RENZO'S ITALIAN RESTAURANT AND
PIZZA, INC.

Principal Place of Business
3645 SOUTH FEDERAL HIGHWAY
BOYNTON BEACH, FL 33435

Mailing Address
3645 SOUTH FEDERAL HIGHWAY
BOYNTON BEACH, FL 33435



REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2431515
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LENA, EMANUEL
3645 S. FEDERAL HIGHWAY
BOYNTON BEACH, FL 33435-5656

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 \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT LENA, CONCETTA 3645 S FEDERAL HIGHWAY BOYNTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LENA, EMANUEL 3645 S FEDERAL HIGHWAY BOYNTON BEACH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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)(l), 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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

EMANUELE LENA

10/14/04 561 734-4583