2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # H29287

1. Entity Name

PORTO BELLA RESTAURANT AND PIZZA OF PALM BEACH, INC.



Secretary of State 03-17-2005 90016 008 ***150.00

FILED

Mar 17, 2005 8:00 am

Principal Place of Business

Mailing Address

9770 S MILITARY TRAIL

9770 S MILITARY TRAIL

SUITE 8-B

BOYNTON BCH., FL 33436

SUITE 8-B BOYNTON BCH., FL 33436



No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2652132

03142005

Applied For Not Applicable

\$8.75 Additional

Land Bearing				S. Certificate	OI SIAIUS Desired	Fee Required	l
6. Name and Address of Current Registered Agent				Acres America	* · · · · · · · · · · · · · · · · · · ·	Company Lange 19	
SČARDI III	A VICTOR						ું કે છે
SCARPULLA, VICTOR 9404 CROSS CREEK DR 🐇				· DO	NOT WE	{ 	9
BOYNTON BEACH, FL 33436				INI	THIC CD	INE :	
5 3 3				O CARPLIN	THIS SPA	NOE	* * * * * * * * * * * * * * * * * * * *
, t,							
1	4.4		-1-45			28 87 3	
	named entity submits this statement for the possion registered agent.	ourpose of changing its register	ed office or re	egistered agent, or bot	h, in the State of Florid	la. I am familiar with, a	and accept
, S	1.						
SIGNATURE_	Signature, typed or printed name of registered agent and title	ANTE D. LA			.,	DATE	
	Signature, typed or primed rights of registered agent and this	if applicable. (NOTE: Ragistere	o Agent tegnature	required when reinstating)		UAIE	
		9. Election Campaign Finar	ncina	\$5.00 May Be			
FILI After Ma	E NOW!!! FEE 13 \$150.00 ay 1, 2005 Fee will be \$550.00	Trust Fund Contribution.		Added to Fees			
	F. ¥1						
10.	OFFICERS AND DIREC	CTORS			, en :		
TITLE	DP						
NAME Street address	SCARPULLA, NICOLINA 9404 CROSS CREE K OR				*		
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		2				
TITLE	V				्यां स्ट्रा	San San	1.
VAME	SCARPULLA, VICTOR						
STREÉT AODRESS	9404 CROSS CREEK DR		10		"	the feet of the feet	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		1 cart			1704	
TITLE				Strain Control			rigina (m. 1946). Fe
NAME			116.7	BY John			
STREET ADDRESS			41.	· · · · · · · · · · · · · · · · · · ·	NOT WI	SITE .	
CITY-ST-ZIP		-		* . 1	. ~		
TITLE				∵	THIS SPA	ACE.	. ^
NAME						The second	
STREET ADDRESS City-St-Zip					غو چارت		*
			्रेड स्क्रे. व उस्क्रे	N. Allen		M. A. SHIELE AND THE SECOND SE	a i
TITLE NAME			10 S			A STATE OF THE STA	
STREET ADDRESS							
CITY-ST-ZIP			A Maria		The way of the		di e
TITLE			A 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		and the same of th		
NAME			3.4			The state of the s	
STREET ADDRESS						Lange Company	
CITY-ST-ZIP							
12. I hereby o	ertify that the information supplied with this f	iling does not qualify for the exe	motion states	d in Section 119.07(3)(i). Florida Statutes. I fi	rther certify that the in	formation

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 trusted 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:

VICTOR SCARPULLA

3/14/05