

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90104 006 \*\*\*150.00

**DOCUMENT # J19153**

1. Entity Name

COLOSSEO RESTAURANT, INC.



Principal Place of Business

2507 S. FED. HWY.  
FT. PIERCE FL 34982-5922  
US

Mailing Address

2507 S. FED. HWY.  
FT. PIERCE FL 34982-5922  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

4412 5th Place S.W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Vero Beach, FL

Zip

Country

Zip

Country

32968

4. FEI Number 59-2714398

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERGONZO, MICHAEL  
2 VIRGINIA PARK BLVD  
FORT PIERCE FL 34947

Name

Michael Bergonzo

Street Address (P.O. Box Number is Not Acceptable)

704 Osceola Avenue

City

Fort Pierce

FL

Zip Code

34982

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

*Michael Bergonzo*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/12/07

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST ☐ Delete  
NAME BERGONZO, MICHAEL  
STREET ADDRESS 2 VIRGINIA PK BLVD  
CITY-ST-ZIP FORT PIERCE FL 34947

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 704 Osceola Avenue  
CITY-ST-ZIP Fort Pierce, FL 34982

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Michael Bergonzo* Michael Bergonzo 02/12/07 (772) 461-0065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #