



2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J58541 1. Entity Name 2002 RESTAURANT, INC.					
Principal Place of Business 575 -21ST ST. VERO BEACH, FL 32960			Mailing Address 8 W HARBOR DR VERO BCH, FL 32960 US		
2. Principal Place of Business		3. Mailing Address 2046 TREASURE COAST PLAZA			
Suite, Apt. #, etc.		Suite, Apt. #, etc. BOX 170		07022004 Chg-P CR2E034 (10/03)	
City & State		City & State VERO BEACH, FL		4. FEI Number 59-2771166	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32960		Country US		Applied For Not Applicable	
6. Name and Address of Current Registered Agent LENZI, LEON P. 8 WEST HARBOR DRIVE VERO BEACH, FL 32960			7. Name and Address of New Registered Agent Name ROGER LENZI Street Address (P.O. Box Number is Not Acceptable) 2046 TREASURE COAST PLAZA BOX 170 City VERO BEACH FL Zip Code 32960		
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 ROGER LENZI <i>[Signature]</i> Sept 1 2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LENZI, LEON P. 8 WEST HARBOR DRIVE VERO BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. ROGER LENZI 2046 TREASURE COAST PLAZA, BOX 170 VERO BEACH, FL 32960	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <i>[Signature]</i> Sept 1 2004 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED

04 OCT -8 PM 12:20

SECRETARY OF STATE
STATE OF FLORIDA