

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # J58541

1. Entity Name
2002 RESTAURANT, INC.



Principal Place of Business

**575 -21ST ST.
VERO BEACH, FL 32960**

Mailing Address

**2046 TREASURE COAST PLAZA
BOX 170
VERO BEACH, FL 32960 US**



02212006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2771166

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

**LENZI, ROGER
2046 TREASURE COAST PLAZA
BOX 170
VERO BEACH, FL 32960**

**DO NOT WRITE
IN THIS SPACE**

6. 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
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
LENZI, ROGER
2046 TREASURE COAST PLAZA, BOX 170
VERO BEACH, FL 32960**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U00000474604
04/04/06-80031-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROGER LENZI **MARCH 17 2006** 773 5691210