


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # J88752**  
1. Entity Name  
**GIUSEPPE'S RESTAURANT, INC.**



Principal Place of Business      Mailing Address  
**4 SO BAY STR**                              **4 S BAY ST**  
**FELLSMERE, FL 32948 US**              **FELLSMERE, FL 32948 US**

**DO NOT WRITE IN THIS SPACE**



04282006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-2852305**                              Not Applicable

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

6. Name and Address of Current Registered Agent  
**EDOARDO GIAMBANCO**  
**1565 QUIESCENT LANE**  
**SEBASTIAN, FL 32958**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

000000549798  
05/13/06-80035-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GIAMBANCO, FRANCESCA 1565 QUIESCENT LANE SEBASTIAN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV GIAMBANCO, EDOARDO 1565 QUIESCENT LANE SEBASTIAN, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Edoardo Giambanco      04-19-06      (772)571-0917  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #