

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

4/1

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-12-2004 90673 001 ***150.00

DOCUMENT # K71875	
1. Entity Name IL BAMBINO RISTORANTE INC.	

Principal Place of Business 117 SW 107 AVE MIAMI, FL 33174	Mailing Address 117 SW 107 AVE MIAMI, FL 33174
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66414809



03182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0104658	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GONZALEZ, NICANOR 117 SW 107 AVE MIAMI, FL 33174
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**DO NOT WRITE
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: *Nicanor Gonzalez* DATE: 4/6/04

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, 2004 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	PSTD GONZALEZ, NICANOR 117 SW 107 AVE MIAMI, FL 33174
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Nicanor Gonzalez* DATE: 4/21/04

SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR

Date Daytime Phone #