

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**- Mar 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L29615**

1. Entity Name  
 1601 RESTAURANT, INC.



Principal Place of Business  
 1601 EAST ATLANTIC BOULEVARD  
 POMPANO BEACH, FL 33060

Mailing Address  
 1601 EAST ATLANTIC BOULEVARD  
 POMPANO BEACH, FL 33060



**DO NOT WRITE IN THIS SPACE**

02242005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0166921</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

GENTILE, JOHN  
 1601 EAST ATLANTIC BLVD.  
 POMPANO BEACH, FL 33060

**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 \_\_\_\_\_ 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	VST
NAME	SILVERMAN, MICHELE
STREET ADDRESS	28 THUNDER RD
CITY - ST - ZIP	HOLBROOK, NY 11741

TITLE	PD
NAME	GENTILE, CIRO
STREET ADDRESS	9633 VIA EMILIE
CITY - ST - ZIP	BOCA RATON, FL 33428

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

100000253920  
 03/07/05-80054-012 150.00

**DO NOT WRITE 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: John Gentile 3/2/05 954 942 1733  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Call Daytime Phone #