

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90024 030 ***150.00

DOCUMENT # L37950

1. Entity Name

NEW RESTAURANT CONCEPTS, INC.



Principal Place of Business

1462 A-1-A HWY
SATELLITE BEACH FL 32937
US

Mailing Address

600 HAWKS BILL ISL DR
SATELLITE BEACH FL 32937
US

2. Principal Place of Business - No P.O. Box #

600 HAWKS BILL ISL DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

SATELLITE BEACH, FL

City & State

4. FEI Number

59-3002142

Applied For

Not Applicable

Zip
32937

Country

USA

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

APUZZO, LOUIS J.
600 HAWKS BILL ISLAND DR.
SATELLITE BCH. FL 32937

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and dated duplicate.

(NOTE: Registered Agent Signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPST ☐ Delete
NAME APUZZO, LOUIS J.
STREET ADDRESS 600 HAWKS BILL ISLAND DR
CITY- ST- ZIP SATELLITE BCH. FL

TITLE VP ☐ Delete
NAME IADARESTA, CHARLES J.
STREET ADDRESS 1473 B STAFFORD RD
CITY- ST- ZIP STORRS CT 06268

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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

3-3-08 321 777 3095

Date

Daytime Phone #