

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L79429

FILED
Apr 14, 2004
Secretary of State

Entity Name: FRASCATI'S ITALIAN RESTAURANT & DELI, INC.

Current Principal Place of Business:

1258 AIRPORT RD. N.
NAPLES, FL 34104

New Principal Place of Business:

1258 AIRPORT RD. N.
NAPLES, FL 34104 US

Current Mailing Address:

1258 AIRPORT RD. N.
NAPLES, FL 34104

New Mailing Address:

1258 AIRPORT RD. N.
NAPLES, FL 34104 US

FEI Number: 65-0229843

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DIEBLER, CORINNE
1258 N. AIRPORT RD.
NAPLES, FL 34104

Name and Address of New Registered Agent:

OLAYOS, CORINNE M
1258 N. AIRPORT RD.
NAPLES, FL 34104 US

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.

SIGNATURE: CORINNE M. OLAYOS

04/14/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: CERNIGLIA, CHARLES
Address: 1723 GALLOWAY CIRCLE
City-St-Zip: BARRINGTON, IL 60010

Title: VPTS () Delete
Name: DIEBLER, CORINNE
Address: 1495 VINTAGE LANE
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: CERNIGLIA, CATHERINE
Address: 1723 GALLOWAY CIRCLE
City-St-Zip: BARRINGTON, IL 60010

Title: D (X) Delete
Name: CERNIGLIA, CHARLES SR.
Address: 1723 GALLOWAY CIRCLE
City-St-Zip: BARRINGTON, IL 60016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: CERNIGLIA, CHARLES J
Address: 1723 GALLOWAY CIRCLE
City-St-Zip: BARRINGTON, IL 60010 US

Title: VPTS (X) Change () Addition
Name: OLAYOS, CORINNE M
Address: 1495 VINTAGE LANE
City-St-Zip: NAPLES, FL 34104 US

Title: D (X) Change () Addition
Name: CERNIGLIA, CATHERINE L
Address: 1723 GALLOWAY CIRCLE
City-St-Zip: BARRINGTON, IL 60010 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CORINNE M. OLAYOS

VPTS

04/14/2004

Electronic Signature of Signing Officer or Director

Date