2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2008
Secretary of State

DOCUMENT# M18039

Entity Name: BOB'S ITALIAN RESTAURANT, INC.

Current Principal Place of Business:

2068 N.E. 2 ST.
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

2068 N.E. 2 ST.
DEERFIELD BEACH, FL 33441

New Mailing Address:

FEI Number: 59-2563250 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOB'S PIZZA
2068 N.E. 2 ST.
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: AMANTE, ROBERT
Address: 10076 EL CABALLO CT
City-St-Zip: DELRAY BEACH, FL 33446

Title: T ( ) Delete
Name: AMANTE, CRISTINA
Address: 10076 EL CABALLO CT
City-St-Zip: DELRAY BEACH, FL 33446

Title: VP ( ) Delete
Name: AMANTE, NUNZIO
Address: 113 ST CLOUD LN
City-St-Zip: BOCA RATON, FL 33431

Title: S ( ) Delete
Name: AMANTE, ROSARIA
Address: 113 ST CLOUD LN
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: AMANTE, CRISTINA
Address: 10076 EL CABALLO CT
City-St-Zip: DELRAY BEACH, FL 33446

Title: T (X) Change ( ) Addition
Name: AMANTE, ROBERT
Address: 10076 EL CABALLO CT
City-St-Zip: DELRAY BEACH, FL 33446

Title: S (X) Change ( ) Addition
Name: AMANTE, CRISTINA
Address: 10076 EL CABALLO CT
City-St-Zip: DELRAY BEACH, FL 33446

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CRISTINA AMANTE VP 07/02/2008
Electronic Signature of Signing Officer or Director Date