

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M18039

FILED  
Apr 24, 2012  
Secretary of State

**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

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CRISTINAA AMANTE

VP

04/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date