


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P00000002688 |  |
| 1. Entity Name MICHELANGELO'S ITALIAN RESTAURANT, INC. | |

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| Principal Place of Business 10950 SAN JOSE BLVD #36 JACKSONVILLE, FL 32223-6671 | Mailing Address 10950 SAN JOSE BLVD #36 JACKSONVILLE, FL 32223-6671 |
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DO NOT WRITE IN THIS SPACE



02022004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3619486 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**GJERGJI, NINETA
2317 MERCER CIR. S.
JACKSONVILLE, FL 32217**

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|------------------------------------------------|--------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GJERGJI, NINETA 2317 MERCER CIR. S. JACKSONVILLE, FL 32217 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PEPAJ, ARDEN 4500 BAYMEADOWS RD., #296 JACKSONVILLE, FL 32217 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GJERGJI, ZEF 2317 MERCER CIR. S. JACKSONVILLE, FL 32217 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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02/16/04-80110-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Nineta Gjergji 2-10-04 880-3757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #