


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90213 018 ***150.00

DOCUMENT # P00000012406	
1. Entity Name VINGIANO ITALIAN RESTAURANT, INC. #3	

Principal Place of Business 11995 SOUTHERN BLVD., BAY 2&3 ROYAL PALM BEACH, FL 33441	Mailing Address 11995 SOUTHERN BLVD., BAY 2&3 ROYAL PALM BEACH, FL 33441
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44044333



2. Principal Place of Business 861 Yamato Road Suite, Apt. #, etc. BAY 3	3. Mailing Address 7700 CONGRESS AVE. Suite, Apt. #, etc. #1136
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04192004 Chg-P CR2E034 (10/03)

City & State Boca Raton, FL	City & State BOCA RATON, FL
Zip 33431	Zip 33487
Country USA	Country USA

4. FEI Number 65-0978055	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VINGIANO, CHRISTOPHER 11995 SOUTHERN BLVD., BAY 2&3 ROYAL PALM BEACH, FL 33441	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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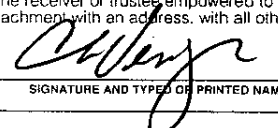
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD VINGIANO, CHRISTOPHER 11995 SOUTHERN BLVD., BAY 2&3 ROYAL PALM BEACH, FL 33441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date: 4/26/04	Daytime Phone #: 561-997-0874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		