
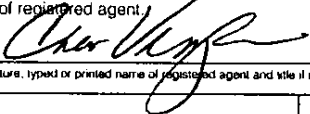
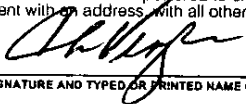


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90156 020 ***150.00

| | | | | | |
|--|---|--|--|--|--|
| DOCUMENT # P00000012406 1. Entity Name VINGIANO ITALIAN RESTAURANT, INC. #3 | | | |  | |
| Principal Place of Business 861 YAMATO RD BAY 3 BOCA RATON, FL 33431 | | | Mailing Address 4801 LINTON BLVD DELRAY BEACH, FL 33445 | | |
| 2. Principal Place of Business - No P.O. Box # 11995 Southern Blvd | | 3. Mailing Address 8921 Raven Rock Court | | | |
| Suite, Apt. #, etc. #3 | | Suite, Apt. #, etc. | | | |
| City & State Royal Palm Beach, FL | | City & State Boynton Beach, FL | | 4. FEI Number 65-0978055 | |
| Zip 33411 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 33424 | | Country USA | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent VINGIANO, CHRISTOPHER 4801 LINTON BLVD 33445, FL 33487 | | | 7. Name and Address of New Registered Agent Name Vingiano, Chris Street Address (P.O. Box Number is Not Acceptable) 8921 Raven Rock Court City Boynton Beach FL Zip Code 33424 | | |
| 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  DATE 4/28/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSD VINGIANO, CHRISTOPHER 4801 LINTON BLVD DELRAY BEACH, FL 33445 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSD Christopher Vingiano 8921 Raven Rock Court Boynton Beach, FL 33424 | <input checked="" 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 |
| 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 |
| 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 |
| 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 |
| 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 exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date 4/28/08 Daytime Phone # 361-239-1295 | | |