



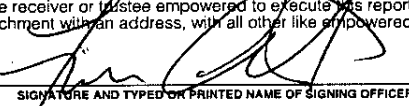
# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90049 028 \*\*\*150.00

<b>DOCUMENT # P00000017308</b> 1. Entity Name <b>TOMASSO'S PIZZERIA AND RESTAURANT, INC.</b>																													
Principal Place of Business <b>9101 LAKE RIDGE BLVD. 119 BOCA RATON, FL 33496</b>			Mailing Address <b>1035 SPANISH RIVER ROAD UNIT 204 BOCA RATON, FL 33433</b>																										
2. Principal Place of Business <b>1906 CLINT MOORE RD</b>		3. Mailing Address Suite, Apt. #, etc. <b>42</b>																											
City & State <b>BOCA RATON, FL</b>		City & State Suite, Apt. #, etc.		4. FEI Number <b>65-0982863</b>																									
Zip <b>33496</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent <b>WACHS, JEFFREY S ESQ. 1177 S.E. 3RD AVENUE FORT LAUDERDALE, FL 33316</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																										
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 _____																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">PSTD</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>TOMASSO, RONALD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1035 SPANISH RIVER ROAD #204</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON, FL 33433</td> <td></td> </tr> </table>			TITLE	PSTD	<input checked="" type="checkbox"/> Delete	NAME	TOMASSO, RONALD		STREET ADDRESS	1035 SPANISH RIVER ROAD #204		CITY-ST-ZIP	BOCA RATON, FL 33433		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">PSTD</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>CATA PANO FRANK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4351 WHITE CEDAR DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DADE CITY, FL 33445</td> <td></td> </tr> </table>			TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	CATA PANO FRANK		STREET ADDRESS	4351 WHITE CEDAR DR		CITY-ST-ZIP	DADE CITY, FL 33445	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **Pres.** 04/20/2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #