



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90022 004 ***150.00

DOCUMENT # P00000060603 1. Entity Name LASTRADA ITALIAN RESTAURANT, INC.																																																					
Principal Place of Business 4075 A1A SOUTH SUITE #3 SAINT AUGUSTINE, FL 32080 US			Mailing Address 35 BARKWOOD LN. PALM COAST, FL 32137 US																																																		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																			
City & State Zip Country		City & State Zip Country		04222008 Chg-P CR2E034 (12/06) 4. FEI Number 59-3654569 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 LANGHAUSER, MARY M CPA 35 BARKWOOD LN. PALM COAST, FL 32137																																																	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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																																																	
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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: <u>Mary M Langhauser CPA ROA</u> 4/22/08 (386)446-3570 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																					