

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90358 001 ***450.00

DOCUMENT # P00000086780

1. Entity Name

BISTRO D, INC.



Principal Place of Business

1855 GRIFFIN ROAD
STE C-158
DAVIE FL 33004

Mailing Address

1855 GRIFFIN ROAD
DAVIE FL 33004



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1046008

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

HOWES, JOHN R
633 SOUTHEAST 3RD AVENUE
SUITE 4-F
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

MARK COHEN PA

Street Address (P.O. Box Number is Not Acceptable)

PRESIDENTIAL Circle Ste 435

4000 Hollywood Blvd

City

HOLLYWOOD

FL

Zip Code

33021

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PST
SCARFONE, DANNY
1855 GRIFFIN ROAD
DAVIE FL 33004 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
SCARFONE, DANNY
1855 GRIFFIN ROAD
DAVIE FL 33004 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
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CITY - ST - ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/07