


May 1

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT #P01000057233 1. Entity Name RISTORANTE FABIO INC.	
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Principal Place of Business 4150 HANCOCK BRIDGE PKWY. CAPE CORAL, FL 33903	Mailing Address 4150 HANCOCK BRIDGE PKWY. CAPE CORAL, FL 33903
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01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1114318	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CIMINATI, CLEMENTINA
404 SE 24TH ST.
CAPE CORAL, FL 33990

DO NOT WRITE IN THIS SPACE

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 _____

X

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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	D CIMINATI, CLEMENTINA 404 SE 24TH ST. CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIMINATI, EDMUNDO 404 SE 24TH ST. CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VENA, VIVIANA 313 SW 21ST ST. CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/03/05-80040-015 150.00

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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: Clementina Ciminati x 1-24-05 x
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #