

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000057233

Entity Name: RISTORANTE FABIO INC.

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

4150 HANCOCK BRIDGE PKWY.
CAPE CORAL, FL 33903

New Principal Place of Business:

4150 HANCOCK BRIDGE PKWY.
N. FT. MYERS, FL 33903

Current Mailing Address:

4150 HANCOCK BRIDGE PKWY.
CAPE CORAL, FL 33903

New Mailing Address:

404 SE 24TH STREET
CAPE CORAL, FL 33990

FEI Number: 65-1114318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CIMINATI, CLEMENTINA
404 SE 24TH STREET
CAPE CORAL, FL 33990 US

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.

SIGNATURE:

01/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CIMINATI, CLEMENTINA
Address: 404 SE 24TH ST.
City-St-Zip: CAPE CORAL, FL 33990

Title: D () Delete
Name: CIMINATI, EDMUNDO
Address: 404 SE 24TH ST.
City-St-Zip: CAPE CORAL, FL 33990

Title: D () Delete
Name: VENA, VIVIANA
Address: 313 SW 21ST ST.
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAWN C ROBINSON

ACCT

01/15/2009

Electronic Signature of Signing Officer or Director

Date