

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90050 009 ***150.00

DOCUMENT # P01000063607 1. Entity Name ROTELLI RESTAURANT, INC.					
Principal Place of Business 9045 LA FONTANA BLVD STE B-1 BOCA RATON, FL 33434			Mailing Address 9045 LA FONTANA BLVD STE B-1 BOCA RATON, FL 33434		
2. Principal Place of Business 501 ATLANTIC AVE. Suite, Apt. #, etc.		3. Mailing Address 4611 JOHNSON ROAD Suite, Apt. #, etc.			
City & State DELRAY BEACH		City & State COCONUT CREEK, FL		4. FEI Number 65-1115707	
Zip 33483		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BILOTTI, JOSEPH 9045 LA FONTANA BLVD STE B-1 BOCA RATON, FL 33434				7. Name and Address of New Registered Agent Name BILOTTI, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 4611 JOHNSON ROAD, STE 1 City COCONUT CREEK FL Zip Code 33073	
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: DATE: 3-15-05 <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BILOTTI, JOSEPH 4611 JOHNSON RD #1 COCONUT CREEK, FL 33073	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAHRANE, RACHID 4611 JOHNSON RD #1 COCONUT CREEK, FL 33073	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KHALID, BENJAFAFAR 4611 JOHNSON RD #1 COCONUT CREEK, FL 33073	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: DATE: 3-15-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					