


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P01000114274</b>                |  |
| 1. Entity Name<br><b>PIAZZA DE ROMA, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>15280 JOG ROAD<br/>STE E, F, G<br/>DELRAY BEACH, FL 33484</b> | Mailing Address<br><b>15280 JOG ROAD<br/>STE E, F, G<br/>DELRAY BEACH, FL 33484</b> |
|---|---|



01232005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br><b>01-0555876</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br><b>SCHNEIDER, HARVEY<br/>1900 N W CORPORATE BOULEVARD<br/>SUITE 301 WEST<br/>BOCA RATON, FL 33431</b> |
|--|

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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 \_\_\_\_\_

**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<br><b>P</b>  | <b>FRATLESI, FRANCO</b>             |
| NAME               | <b>11081 HARBOUR SPRINGS CIRCLE</b> |
| STREET ADDRESS     | <b>BOCA RATON, FL 33428</b>         |
| CITY-ST-ZIP        |                                     |
| TITLE<br><b>VP</b> | <b>FRATLESI, LUCILE</b>             |
| NAME               | <b>11081 HARBOUR SPRINGS CIR</b>    |
| STREET ADDRESS     | <b>BOCA RATON, FL 33428</b>         |
| CITY-ST-ZIP        |                                     |
| TITLE              |                                     |
| NAME               |                                     |
| STREET ADDRESS     |                                     |
| CITY-ST-ZIP        |                                     |
| TITLE              |                                     |
| NAME               |                                     |
| STREET ADDRESS     |                                     |
| CITY-ST-ZIP        |                                     |
| TITLE              |                                     |
| NAME               |                                     |
| STREET ADDRESS     |                                     |
| CITY-ST-ZIP        |                                     |

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01/27/05-80016-003 150.00

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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:** *Russell Fratles* **1/23/2005** **561/865-3366**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #