2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# P02000010766

Entity Name: PONTE RESTAURANT ASSOCIATES, INC.

Current Principal Place of Business:

13505 ICOT BLVD
SUITE 214
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

13505 ICOT BLVD
SUITE 214
CLEARWATER, FL 33760

New Mailing Address:

FEI Number: 75-2994440 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PONTE, CHRIS -
13505 ICOT BLVD
SUITE 214
CLEARWATER, FL 33760 US

Name and Address of New Registered Agent:

CAFE PONTE
13505 ICOT BLVD
SUITE 214
CLEARWATER, FL 33760 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: SHANNON EVANS 03/27/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: PONTE, CHRISTOPHER J
Address: 13505 ICOT BLVD SUITE 214
City-St-Zip: CLEARWATER, FL 33760

Title: PT ( ) Delete
Name: PONTE, ROBERT
Address: 1721 EAGLES NEST DR.
City-St-Zip: BELLEAIR, FL 33756

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PONTE, CHRISTOPHER J
Address: 13505 ICOT BLVD SUITE 214
City-St-Zip: CLEARWATER, FL 33760

Title: VP (X) Change ( ) Addition
Name: PONTE, ROBERT
Address: 1372 FAIR WAY VILLAGE DR
City-St-Zip: FLEMING ISLAND, FL 32003

Title: T ( ) Change (X) Addition
Name: EVANS, SHANNON E
Address: 13505 ICOT BLVD SUITE 214
City-St-Zip: CLEARWATER, FL 33760

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: SHANNON EVANS T 03/27/2009
Electronic Signature of Signing Officer or Director Date