FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPEONEL

DOCUMENT # P02000036269

| 1. Entity Name | | | | ALEO | | | |
|--|---|--------------------|--|--|--|--------------------------------|----------|
| BOCCACCIO CAFE RIS | STORANT, CORP. | | | | 20 HAY 20 DM 2: 1. | 3 | |
| DO NOT W | NE IN THE O | | _ | | 03 MAY 20 PM 2: 4 | | |
| DO NOT WRITE IN THIS SPACE | | | | SECRETARY OF STATE 3 TALLAHASSEE, FLORIDA | | | |
| 2. Principal Place of Business 483 EAST FIRST AVENUE 483 EAST F | | IRST | RST AVENUE | | Wallo | 0 | |
| Suite, Apt, #, etc. | Suite, Apt. #, etc. | | | Z | USOF WITH IS | K T | , |
| City & State HIALEAH, FL City & State HIALEAH, FL City & State | | 1_ | | | mber | Applied For Not Applicable | |
| Zip 33010 Country US | 3010 US 33010 | | Country 5. | | | 8.75 Additional ee Required | |
| | | | N | | d Address of Current Registered | Agent | |
| DO NO: | T WRITE | | re | | ando Alessi mber is Not Acceptable) | | - |
| | | | | | | | |
| IN THIS SPACE | | | 483 E | EAST FIRST AVEWE | | , | |
| | | | HIAU | EAH | FL | ′3200 | |
| The above named entity submits this return the obligations of registered agent | atement for the purpose of changing i | ts registere | ed office or register | ed agent, or | both, in the State of Florida. I am fa | miliar with, and accept | |
| SIGNATURE Signature, typed or printername of reg | 455444-53-555555554444-545-555 ⁵ | DTE; Registere | d Agent signature required | when reinstating | | | |
| January 1 - May 1 - Fee is \$150.00 After May 1 - Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | | | | , | Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be Added to Fees | |
| | ERS AND DIRECTORS | | | | | | ន |
| | lando Alessi | S TITL! NAM | e : 50 909 900 yang 6: 1 90 909 9 0 2 40 ya | | | | (12/02 |
| | ST AVE. L 33010 | \$255555 | et address -St-Zip | | | | |
| | Hanfrinato | TITU | | | | | CRZEOSAB |
| STREET ADDRESS 483 E. FIRST AUC. | | | et address | | | | 10 |
| CITY-ST-ZIP Hialeah, F | L 33010 | | -ST-2IP | | | | |
| MAME (SO) | nda Banus Cabal | PRO | | | | | |
| CITY-ST-ZIP 483-8 FIRST AVE. Hiclach, A | | | STREET ADDRESS : CITY-ST-ZIP | | DO NOT WRITE | | |
| TITLE | | TITL | 4,000,000,000,000,000,000,000,000 | | IN THIS SPAC | F. | |
| NAME STREET ADDRESS | | NAM STRE | et address | | | / - | |
| CITY-ST-ZIP | | City | -ST-ZIP | | | | |
| TITLE, NAME | | S TITLI NAM | ana ang Kalamari ang Kalama | | | | |
| STREET ADDRESS | | ₩ (******** | ET ADORESS | | | | |
| CITY-ST-ZIP | | 3 | -ST-ZIP | | | | |
| TITLE NAME | | NAM | | | | | |
| STREET ADDRESS | • | 8 0000 | ET ADDRESS | | | | |
| CITY-ST-ZIP 12. I hereby certify that the information sup | onlied with this filing does not qualify | | SI-ZP | ction 119.07 | (3)(i) Florida Statutes, 1 further certi | fv that the information | |
| indicated on this report or supplement of the corporation or the receiver or tr | al report is true and accurate and that | t my signa | ture shall have the s | same legal e | ffect as if made under oath; that I ar | n an officer or director | |
| attachment with an address, with all of | | 7 | ! | | 5/10/05 | | |



BOCCACCIO CAFÉ RISTORANT, CORP.

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR 2003 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY

ALESSI FERDINANDO

PRESIDENT