

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000072925

1. Entity Name
OLMINO RESTAURANT GROUP, INC.



Principal Place of Business
**3850 N FEDERAL HWY
LIGHTHOUSE POINT, FL 33064**

Mailing Address
**3850 N FEDERAL HWY
LIGHTHOUSE POINT, FL 33064**

DO NOT WRITE IN THIS SPACE



03012004 No Chg-P CR2E034 (10/03)

4. FEI Number
30-0107192

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**OLMINO, HENRY
3850 N FEDERAL HWY
LIGHTHOUSE POINT, FL 33064**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000090595
03/17/04-80025-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	OLMINO, HENRY
STREET ADDRESS	2310 N.E. 47 ST.
CITY - ST - ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	VP
NAME	KHADIVI, FARAKH
STREET ADDRESS	1510 SE 14TH CT
CITY - ST - ZIP	DEERFIELD BEACH, FL 33441
TITLE	S
NAME	KHADIVI, FRANK
STREET ADDRESS	1510 SE 14TH CT
CITY - ST - ZIP	DEERFIELD BEACH, FL 33441
TITLE	P
NAME	OLMINE, KIMBERLY
STREET ADDRESS	2310 N E 47TH ST
CITY - ST - ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/04 561-302-5862

Date

Daytime Phone #