

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000081272

1. Entity Name  
LA BOTTEGA DI MAMMA RO-BOCA RATON, INC.



Principal Place of Business  
6100 GLADES ROAD  
SUITE 305  
BOCA RATON, FL 33434

Mailing Address  
6100 GLADES ROAD  
SUITE 305  
BOCA RATON, FL 33434



07072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
02-0638716

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE, FL 33311-4132

**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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KABATZNIK, BARBARA 6100 GLADES ROAD SUITE 305 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVINE, FRANCINE 6100 GLADES ROAD SUITE 305 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINE, STEVEN 6100 GLADES ROAD SUITE 305 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KABATZNIK, CLIVE 6100 GLADES ROAD SUITE 305 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000171638  
09/03/04-80006-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Clive Kabatznik* CLIVE KABATZNIK Director 8/30/04