- REPORT (AR)

DOCUMENT # P02000083613 1. Entity Name A & N ITALIAN DELI, INC.					Apr 12, 2006 08:00 AM Secretary of State				
AGNUA	ALIAN DELI, INC.					,			
Principal Place of Bysiness 17965 US 19 NORTH CLEARWATER FL 33764		Mailing Address 17965 US 19 NORTH CLEARWATER FL 33764			;				
2. Principal Place of Business		3. Mailing Address			j 1180		YAR Be rei Jeren Halo i	BIGGG LICE C	(CCCC) (FINAL
Suite. Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/05)				
City & State		City & State			4. FEI Numb	41-2053295			oplied Fo
Zip Country		Zip	Zip Country		5. Certificate of Status Desired Sea Required 5.				
	6. Name and Address of Curren	nt Registered Agent		Name	7. Name an	d Address of New Re	gistered Ager	nt	
HAIR, STEVEN W ESQ. 2790 SUNSET POINT RD CLEARWATER FL 33759			}_ }		P.O. Box Numi	per is Not Acceptable)			
				City			FL	Zip Cod	e
	named entity submits this statement tions of registered agent.	for the purpose of changing it	its registered	d office or register	red agent, or b	oth, in the State of Flori	da. Lam famil	liar with,	and acc
SIGNATURE	Signature, typed or protect name of registered age	nt and vite it applicable. (NO	OTE: Registered i	Agent signatura required	twhen reastaing)	1	DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State						9. Election Campail Trust Fund Contr	•		DO May ad to Fee
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS	CHANGES TO OFFIC	ERS AND DIF	ECTOR	S IN 11
TITLE NAME STREET ADDRESS .CITY-ST-ZIP	PST BOWERS, NUNZIATA 17956 US 19N CLEARWATER FL 33764	☐ Delete	TITLE NAME STREET CITY-S	T ADORESS		•		Change	□ Att
TITLE NAME STREET ADDRESS CITY-ST-LIP		□ Delete	Dile Hame Sireet City-s	ADDRESS IT-ZIP		000000503 04/26/06-800	1599 □ 338-008	Change 150.0	 }0 }
TITCE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delote	ITLE NAME STREET CITY-S	i addhess 37-zip				Change	□ At:
TITLE MAME STREET ADDRESS CATY-ST-ZAP		☐ Deleie	TITLE NAME SIREET CITY-S	i address st-zr	,			Change	□ A.f.
TITLE NAME STRELL ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY S	AUDRESS ST-ZIP	:			Change	A.i.
THE NAME STREET ADDRESS CITY-ST-7TP	certify that the information supplied w	☐ Dgletc	City-S					Change	□ A.*.

I nereby comity mat the information supplied with this thing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information and cause on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or direct of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes, and that my name appears in Block 10 or Block if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X NOUNCIATA BOWERS & Mungate Police

727. 571-637.

FILED