

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90281 023 ***150.00

DOCUMENT # P03000025585

1. Entity Name
IL FORNAIO, INC.



Principal Place of Business
247 MIRACLE MILE
CORAL GABLES, FL 33134

Mailing Address
247 MIRACLE MILE
CORAL GABLES, FL 33134



2. Principal Place of Business
3409 MAIN Hwy
Suite, Apt. #, etc.

3. Mailing Address
3409 MAIN Hwy
Suite, Apt. #, etc.

04262004 Chg-P CR2E034 (10/03)

City & State
COCONUT GROVE FL
Zip 33130 Country USA

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COCONUT GROVE FL
Zip 33130 Country USA

4. FEI Number 37-1460594
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

CANNAVO, MASSIMO
247 MIRACLE MILE
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name CANNAVO MASSIMO
Street Address (P.O. Box Number is Not Acceptable)
3409 MAIN Hwy
City COCONUT GROVE FL Zip Code 33130

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 *Massimo Cannavo*

04-26-2004

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

10. OFFICERS AND DIRECTORS

TITLE DP
NAME CANNAVO, MASSIMO
STREET ADDRESS 247 MIRACLE MILE
CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Delete

TITLE DV
NAME CANNAVO, ROBERTO
STREET ADDRESS 247 MIRACLE MILE
CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Delete

TITLE DST
NAME CANNAVO, LINDA
STREET ADDRESS 247 MIRACLE MILE
CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 3409 MAIN Hwy
CITY-ST-ZIP COCONUT GROVE FL 33130 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 3409 MAIN Hwy
CITY-ST-ZIP COCONUT GROVE FL 33130 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 3409 MAIN Hwy
CITY-ST-ZIP COCONUT GROVE FL 33130 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Massimo Cannavo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-2004

Date

Daytime Phone #