

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

02-17-2004 90015 045 ***150.00

DOCUMENT # P03000062913

1. Entity Name
BERTONI CUISINE, INC.



Principal Place of Business
421 85TH AVENUE
ST. PETE BEACH, FL 33706

Mailing Address
421 85TH AVENUE
ST. PETE BEACH, FL 33706

06403824



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02052004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

58-2672777

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAHDERT, GEORGE K
535 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

7. Name and Address of New Registered Agent

Name Susan Bertoni
Street Address (P.O. Box Number is Not Acceptable)
421 85th Avenue
City St. Pete Beach FL 33706

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

Susan R. Bertoni

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

(NOTE: Registered Agent signature required when reinstating)

2/25/04

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME BERTONI, ANTONELLO
STREET ADDRESS 421 85TH AVENUE
CITY-ST-ZIP ST. PETE BEACH, FL 33706

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

TITLE D ☐ Delete
NAME BERTONI, SUSAN
STREET ADDRESS 421 85TH AVENUE
CITY-ST-ZIP ST. PETE BEACH, FL 33706

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Susan R. Bertoni (SUSAN R. BERTONI) 2/12/04 (727) 360-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 1593

attachment 66403824

#PO 3000062913

Re-submitting
form with
E.I.N. number
and new agent.
Pk mailed on
2/12/04