## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000062913  1. Entity Name BERTONI CUISINE, INC.					Se	cretary of S	iate
421 85TH A	AVENUE 4	alling Address 21 85TH AVENUE T. PETE BEACH, FL 33706			Militara escrit armini alabita ark		
		A A CONTRACT STATE OF THE PARTY					
ב	OO NOT WRITE II	CE	01122005 4. FEI Numbi 58-267		<del></del>	ed For	
				of Status Desired	\$8.75 Addition Fee Required	pplicable nal	
	6. Name and Address of Current Regis						
BERTONI 421 25TH SAINT PE		- ~	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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstafting)  DATE							
After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.		.00 May Be ed to Fees			
10. TITLE	OFFICERS AND DIRECT	TORS					
NAME STREET ADDRESS CITY-ST-ZIP	BERTONI, SUSAN 421 85TH AVENUE ST. PETE BEACH, FL 33706	·			U000000	190570 80140-011 150.	<u>-</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U17 277 U3~	onian_nii 190.	NO
TITLE HAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				רחו	THIS SF	ACE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			—-·—	_			
12. I hereby of indicated of the corchanged,	pertify that the information supplied with this fill on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	ng does not qualify for the exer nd accurate and that my signatu to execute this report as require other like empowered.	nption stated In Secure shall have the seed by Chapter 607.	ction 119.07(3)(i same legal effect . Florida Statutes	), Florida Statutes. I t as if made under o s, and that my name	further certify that the informath; that I am an officer or deappears in Block 10 or Blo	nation lirector ck 11 if