2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000077873

Entity Name: MULBERRY STREET ITALIAN CUISINE INC.

FILED Apr 14, 2004 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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1948 SE PORT ST LUCIE BLVD 7123 SOUTH US1

PORT ST LUCIE, FL 34952 PORT ST LUCIE, FL 34952

Current Mailing Address: New Mailing Address:

1948 SE PORT ST LUCIE BLVD 7123 SOUTH US1

PORT ST LUCIE, FL 34952 PORT ST LUCIE, FL 34952

FEI Number: 20-0094165 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FICETOLA, OTTAVIO

1948 SE PORT ST LUCIE BLVD

PORT ST LUCIE, FL 34952

OTAVIO'S ITALIAN CUISINE
7123 SOUTH US1
PORT ST LUCIE, FL 34952

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.

SIGNATURE: ROBERT B MORO 04/14/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition
Name: FICETOLA, OTTAVIO Name: FICETOLA, OTTAVIO D
Address: 1948 SE PORT ST LUCIE BLVD Address: 7123 SOUTH US1

 Address:
 1948 SE PORT ST LUCIE BLVD
 Address:
 7123 SOUTH US1

 City-St-Zip:
 PORT ST LUCIE, FL 34952
 City-St-Zip:
 PORT ST LUCIE, FL 34952

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 MORO, ROBERT B D

 Address:
 Address:
 1723 SOUTH US 1

 City-St-Zip:
 City-St-Zip:
 PORT ST LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT B MORO D 04/14/2004