

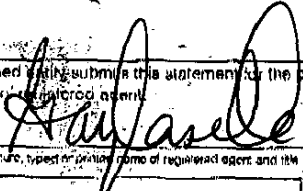
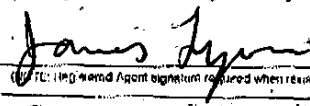
FROM : KING&LENSON

FAX NO. : +561 752 8676

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90090 034 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000078344			
1. Entity Name BIG BAMBINO'S OF BOCA RATON, INC.			
Principal Place of Business 9214 NW 44 CRT CORAL SPRINGS, FL 33065		Mailing Address 9214 NW 44 CRT CORAL SPRINGS, FL 33065	
2. Principal Place of Business 7491 N. Federal Boca Raton FL		3. Mailing Address 7491 N. Federal Hwy Boca Raton FL	
City & State 33487 USA		City & State 33487 USA	
Zip C-9 C-10		Zip C-9 C-10	
4. FEI Number 432022337		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		04153004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent LYON, JAMES B ESQUIRE 3300 UNIVERSITY DR STE 802 CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Same City FL Zip Code	
8. The above named agent 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 the registered agent.			
SIGNATURE 		SIGNATURE 	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		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 NAME STREET ADDRESS CITY-ST-ZIP	D CASELLA, GARY 9214 NW 44 CT CORAL SPRINGS, FL 33065	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUPI, DAVID 4613 N UNIVERSITY DR #283 CORAL SPRINGS, FL 33067	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ 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 persons empowered.			
SIGNATURE: 		Date: 4/19/04 954 605	
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR		Date	