FROM :KING&LENSON FAX NO. :+561 752 8676

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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.

44032917

Principal Place of Business	Mailing Address
9214 NW 44 CRT CORAL SPRINGS, FL 33065	9214 NW 44 CRT CORAL SPRINGS, FL 33065

04152004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
7491 N. Federal	7491 N. Federal Hwy
Suite, Apt. #, etc. Boca Raton FL	Suite, Apt. #, etc. Boca Raton FL
City & State 33487 USA	City & State 33487 USA
Zip C-9 Country C-10	Zip C-9 Country C-10

4. FEI Number 432022337 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

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 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 [signature] [signature: James Lyon]
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CASELLA, GARY		NAME	
STREET ADDRESS	9214 NW 44 CT		STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CRUPI, DAVID		NAME	
STREET ADDRESS	4613 N UNIVERSITY DR #283		STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: [signature: Gary Casella] 4/19/04 954 605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #