


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90078 008 ***550.00

DOCUMENT # P03000086551 1. Entity Name D.P.G. RESTAURANT, INC.	
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Principal Place of Business 10171 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065	Mailing Address 10171 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065
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DO NOT WRITE IN THIS SPACE

04072005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1200865	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PERRONE, DOMENIC
10171 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PERRONE, DOMENIC 5600 S.W. 67TH TERRACE DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PERRONE, PETER 5600 S.W. 67TH TERRACE DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PERRONE, GINO 5600 S.W. 67TH TERRACE DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE

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: PETER PERRONE 7/14/05 954-809-0046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #