

2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/14/2004-90002-045-\$150.00-\$150.00

FILED

04 OCT 15 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

XXXXXXXXXX



07292004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000093586			
1. Entity Name IL POSTO AL PLAZA, INC.			
Principal Place of Business 15612 100TH STREET HOWARD BEACH, NY 11414-3237		Mailing Address 15612 100TH STREET HOWARD BEACH, NY 11414-3237	
2. Principal Place of Business 1170 3rd St. So. F101 Suite, Apt. #, etc.		3. Mailing Address 1170 3rd St. So. F101 Suite, Apt. #, etc.	
City & State NAPLES FL		City & State NAPLES FL	
Zip 34102		Country US	
4. FEI Number 01-0796868		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent R & A AGENTS, INC. C/O WILLIAM R. O'NEIL, ESQ 850 PARK SHORE DRIVE THIRD FLOOR NAPLES, FL 34103		7. Name and Address of New Registered Agent Name: JOHN HOUTON Street Address (P.O. Box Number is Not Acceptable): 275 YUCCA Rd. City: NAPLES FL Zip Code: 34102	
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: JOHN HOUTON DATE: 10/1/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VINCENTO PALMISE <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST VINCENTO PALMISE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1170 3rd St. So. F101 NAPLES FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANK PALMISE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1170 3rd St. So. F101 NAPLES FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.			
SIGNATURE:		Date: 9/8/04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	