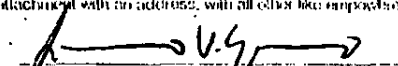


FILED
3/ **Apr 19, 2004 8:00 am**
Secretary of State
03-19-2004 90037 002 ***150.00

03-19-2004 90037 002 ***150.00

DOCUMENT # P03000097591					
1. Entity Name SPINUSO RESTAURANT MANAGEMENT, INC.					
Principal Place of Business 4828 US HWY 19 NEW PORT RICHEY, FL 34652		Mailing Address 4413 PLAZA DRIVE A-205 HOLIDAY, FL 34691			
2. Principal Place of Business		3. Mailing Address			
State, Apt. #, etc.		State, Apt. #, etc.		02022004 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 20-0244106	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPINUSO, LUCIANO V 4413 PLAZA DRIVE A-205 HOLIDAY, FL 34691				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
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 I accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable				DATE _____ Date of filing	
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 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	P SPINUSO, LUCIANO V 4413 PLAZA DRIVE APT A-205 HOLIDAY, FL 34691	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption under Section 119.07(2)(d), 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 and changed, or on an attachment with an address, with all other like empowers.					
SIGNATURE:  PRESIDENT					