


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90029 049 ***150.00

DOCUMENT # P03000100167	
1. Entity Name CAFE PANUZZO ITALIAN EATERY INC.	

Principal Place of Business 1555 SEMORAN BLVD STE 1201 WINTER PARK FL 32792	Mailing Address 1555 SEMORAN BLVD STE 1201 WINTER PARK FL 32792
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2. Principal Place of Business 1003 Lockwood Blvd Suite, Apt. #, etc. Ste #2	3. Mailing Address 1003 Lockwood Blvd Suite, Apt. #, etc. Ste #2
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City & State Oviedo, FL	City & State Oviedo, FL
Zip 32765	Country USA



MOORE CR2E034 (11/03)

4. FEI Number 20-0257841	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 SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145	
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7. Name and Address of New Registered Agent Name D.C. & Associates PA Street Address (P.O. Box Number is Not Acceptable) 820 Lake Kathryn Circle City Casselberry FL Zip Code 32707	
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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 David Crowder CPA DATE 3-11-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PANUZZO, FRANK 1555 SEMORAN BLVD STE 1201 WINTER PARK FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PANUZZO, FRANK 1003 Lockwood Blvd Ste 2 Oviedo, FL 32765 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PANUZZO, DEBRA 1555 SEMORAN BLVD STE 1201 WINTER PARK FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PANUZZO, DEBRA 1003 Lockwood Blvd Ste 2 Oviedo, FL 32765 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Frank Panuzzo SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	FRANK PANUZZO (P) Date 18 MARCH 2004	Daytime Phone # 407 736-8048
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