

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT


9/29/2004-90001-024-\$550.00-\$550.00

APPROVED  
AND  
FILED

04 OCT 25 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P03000104241**

1. Entity Name  
**MIA ITALIAN GRILL, INC.**



Principal Place of Business  
**1818 SOUTH YOUNG CIRCLE  
HOLLYWOOD, FL 33020**

Mailing Address  
**9841 NW 35TH STREET  
COOPER CITY, FL 33024**

2. Principal Place of Business  
**1818 S. Young Circle**

3. Mailing Address  
**9841 NW 35th St.**

Suite, Apt., #, etc.

City & State  
**Hollywood FL**

City & State  
**Cooper City FL**

Zip  
**33020**

Country  
**U.S.A.**

Zip  
**33024**

Country  
**U.S.A.**



09172004 Chg-P CR2E034 (10/03)

4. FEI Number  
**581932211**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD FRANCO, THOMAS E 1818 SOUTH YOUNG CIRCLE HOLLYWOOD, FL 33020 <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	VSD FRANCO, JOSEPH 1818 SOUTH YOUNG CIRCLE HOLLYWOOD, FL 33020 <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
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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: \_\_\_\_\_ Date **9-21-04** Daytime Phone **954-923-0555**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR