2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # P03000106737

1. Entity Name SPOTO'S OAKWOOD GRILL PGA INC Principal Place of Business Mailing Address 4610 PGA BLVD, STE 100 PALM BEACH GARDENS FL 33418 4550 PGA BLVD, STE 205 PALM BEACH GARDENS FL 33418

FILED Feb 20, 2006 08:00 AN **Secretary of State**



2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 20-0602903 Not Applicat Ζp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPOTO, JOHN Street Address (P.O. Box Number is Not Acceptable) 4550 PGA BLVD, STE 205 PALM BEACH GARDENS FL 33418 City 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 access

the obligations of registered agent.

(NOTE Registered Agent signature required when reinstaling)

FILE NOW!!! FEE IS \$150 nn

Signature typed or printed name of registered agent and little if applicable

After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 9. Electron Campaign Financing Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND DIRECT	ORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPOTO, JOHN 4550 PGA BLVD, STE 205 PALM BEACH GARDENS FL 33418	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ A477 1000000441704 03713706-80047-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DALY, ELLEN 4550 PGA BLVD, STE 205 PALM BEACH GARDENS FL 33418	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleto	Title Name Street Audress City-St-Zip	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STRFET ADDRESS CITY-ST-ZIP	☐ Change ☐ A-J.:::
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addance
TITLE NAME STREET ADDRESS CITY-ST-ZIP	confituted the interpolities as cold Diff. the All	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addiji

r nereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 directure of the corporation or the receiver of the true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 of changed, or on an attachment unit an address, with all other like empowered.

SIGNATURE:

E AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

561 624-1187

Daytime Phone #