


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90550 026 \*\*\*150.00

**DOCUMENT # P03000111988**

1. Entity Name  
**GRAZIANO RESTAURANTS, INC.**



Principal Place of Business      Mailing Address  
**4872 PINE KNOTT LANE**      **4872 PINE KNOTT LANE**  
**WEST PALM BEACH, FL 33417 US**      **WEST PALM BEACH, FL 33417 US**

**14015075**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

03142005      Chg-P      CR2E034 (10/03)

City & State      City & State

4. FEI Number  
**04-3795480**      Applied For  
 Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CARDONA, DANIEL**  
**4872 PINE KNOTT LANE**  
**WEST PALM BEACH, FL 33417**

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 \$150.00**  
**After May 1, 2005 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 11**

TITLE	P	<input type="checkbox"/> Delete
NAME	CARDONA, DANIEL	
STREET ADDRESS	4872 PINE KNOTT LANE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	V	<input type="checkbox"/> Delete
NAME	PIERSALL, KIM M	
STREET ADDRESS	4872 PINE KNOTT LANE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]*      Date: **4/29/05**      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR