## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000124210

City-St-Zip:

SUNRISE, FL 33322

ROBERTO'S RISTORANTE & PIZZERIA. INC

FILED Aug 09, 2004 Secretary of State

Entity Name: ROBERTO'S RISTORANTE & PIZZERIA, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4221 N PIN SUNRISE,	IE ISLAND RD FL 33322	)			
Current Mailing Address:			New Mailing Address:		
4221 N PINE ISLAND RD SUNRISE, FL 33322		9861 SUNRISE LAKES BLVD APT 201 SUNRISE, FL 33322			
FEI Number:	33-1074681	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
APT 201	JUDY RISE LAKES B FL 33322 US				
The above in the State	named entity s of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUR					
Electronic Signature of Registered Agent			ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ).	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ACIERNO, ANT	LAKES BLVD APT 201	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD () SMITH, ROBER 23380 CAROLV BOCA RATON,	VOOD LANE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	ACIERNO, JUD	Delete Y LAKES BLVD APT 201	Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ANTHONY ACIERNO PRES 08/09/2004