

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000124210

FILED
Apr 23, 2006
Secretary of State

Entity Name: ROBERTO'S RISTORANTE & PIZZERIA, INC.

Current Principal Place of Business:

4221 N PINE ISLAND RD
SUNRISE, FL 33322

New Principal Place of Business:

Current Mailing Address:

9861 SUNRISE LAKES BLVD
APT 201
SUNRISE, FL 33322

New Mailing Address:

FEI Number: 33-1074681 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ACIERNO, JUDY
9861 SUNRISE LAKES BLVD
APT 201
SUNRISE, FL 33322 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ACIERNO, ANTHONY
Address: 9861 SUNRISE LAKES BLVD APT 201
City-St-Zip: SUNRISE, FL 33322

Title: VD () Delete
Name: SMITH, ROBERT
Address: 23380 CAROLWOOD LANE
City-St-Zip: BOCA RATON, FL

Title: SD () Delete
Name: ACIERNO, JUDY
Address: 9861 SUNRISE LAKES BLVD APT 201
City-St-Zip: SUNRISE, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: SMITH, ROBERT
Address: 4221 N PINE ISLAND RD
City-St-Zip: SUNRISE, FL 33351

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

SIGNATURE: ANTHONY ACIERNO

PD

04/23/2006

Electronic Signature of Signing Officer or Director

Date