

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90299 014 ***158.75

DOCUMENT # P03000148288 1. Entity Name TUTTO'S ITALIAN RESTAURANT, INC.			
Principal Place of Business 2301 SW 161ST AVE. MIRAMAR, FL 33027		Mailing Address 2301 SW 161ST AVE. MIRAMAR, FL 33027	
2. Principal Place of Business 17041 Pines Blvd Suite, Apt. #, etc.		3. Mailing Address 2060 SW 195th Avenue Suite, Apt. #, etc.	
City & State Pembroke Pines, FL		City & State Miramar, FL	
Zip 33027	Country USA	Zip 33029	Country USA
4. FEI Number 20-0470154		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NARVAEZ, ADRIANA 2301 SW 161ST AVE. MIRAMAR, FL 33027		7. Name and Address of New Registered Agent Name Narvaez, Adriana Street Address (P.O. Box Number is Not Acceptable) 2060 SW 195th Avenue City Miramar FL Zip Code 33029	
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: <u><i>Adriana Narvaez</i></u> ADRIANA NARVAEZ PD. 4/1/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD <input type="checkbox"/> Delete NAME NARVAEZ, ADRIANA STREET ADDRESS 2301 SW 161ST AVE. CITY-ST-ZIP MIRAMAR, FL 33027	TITLE VD <input type="checkbox"/> Delete NAME MARTINO, RUBEN STREET ADDRESS 2301 SW 161ST AVE. CITY-ST-ZIP MIRAMAR, FL 33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: <u><i>Adriana Narvaez</i></u> PD ADRIANA NARVAEZ 4/1/04 (305) 500-5590 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			