

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90089 013 ***150.00

DOCUMENT # P04000078176 1. Entity Name RESTO INVESTMENT GROUP, INC.					
Principal Place of Business 104 S. CLYDE AVENUE KISSIMMEE, FL 34741 US			Mailing Address 104 S. CLYDE AVENUE KISSIMMEE, FL 34741 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1122210	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RESTO, MANUEL R 104 S. CLYDE AVENUE KISSIMMEE, FL 34741			7. Name and Address of New Registered Agent Name Manuel R Resto Street Address (P.O. Box Number is Not Acceptable) 14215 Hogan DR City Orlando FL Zip Code 32837		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 4/10/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	PS RESTO, MANUEL R 14215 HOGAN DR ORLANDO, FL 32837		TITLE NAME STREET ADDRESS CITY-ST-ZIP	14215 Hogan Dr Orlando, FL 32837	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RESTO, ANNIBELKIS J 14215 HOGAN ST ORLANDO, FL 32837		TITLE NAME STREET ADDRESS CITY-ST-ZIP	14215 Hogan Drive Orlando, FL 32837	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARADAS, JUAN 104 S. CLYDE AVE KISSIMMEE, FL 34741		TITLE NAME STREET ADDRESS CITY-ST-ZIP	14215 Hogan Drive Orlando, FL 32837	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 4/10/07 DAYTIME PHONE # 321-287-9440		