

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

DOCUMENT # P04000083906 1. Entity Name IL PIATTO CALDO TRATORIA INC.					
Principal Place of Business 19 SE SECOND AVE 4 MIAMI, FL 33131			Mailing Address 19 SE SECOND AVE 4 MIAMI, FL 33131		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-1179175	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For? <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BELTRAMELLO, GIAN FRANCO 8000 EAST DRIVE 305 NO. BAY VILLAGE, FL 33141				7. Name and Address of New Registered Agent Name <u>SOLANGE S. LOPES</u> Street Address (P.O. Box Number is Not Acceptable) <u>2230 NE 122nd STREET</u> City <u>Miami</u> FL <u>33181</u> Zip Code <u>33181</u>	
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>Gian Franco BeltrameLlo</u> DATE <u>4/1/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>					
Amended AR is \$61.25			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	P/TR BELTRAMELLO, GIAN FRANCO 8000 EAST DRIVE APT. 305 NO. BAY VILLAGE, FL 33141	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SOLANGE LOPES 2230 NE 122nd STREET MIAMI, FL 33181	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PESCE, GAETANO 4870 DOCKSIDE DR # H COCONUT CREEK, FL 33063	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700051389077 04/20/05--01047--022 **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COELLO, ESTELA M 4870 DOCKSIDE DRIVE APT. H COCONUT CREEK, FL 33063	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700051389077 04/20/05--01047--022 **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COCONUT CREEK, FL 33063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700051389077 04/20/05--01047--022 **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/1/05</u> Daytime Phone # <u>786-4266423</u>		