2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jul 03, 2006 8:00 am Secretary of State DOCUMENT # P04000103266 07-03-2006 90002 028 ***150.00 FRATELLI ENTERPRISES, INC. Principal Place of Business Mailing Address 1856 TAMIAMI TRL S 6607 GATEWAY AVENUE VENICE FL 34293 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 20-1354336 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHEA, JOHN J 2940 SOUTH TAMIAMI TRAIL Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34239 City 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** (NOTE: Registered Agent signature required when rejustation) ed agent and title it applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition NAME FRICANO, ANTHONY NAME STREET ADDRESS 6607 GATEWAY AVENUE STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34231 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THUE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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

with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

if changed, or on an attach

SIGNATURE:

FILED

SARASOTA ATTACHMENT BREWING CO BAR & GRILL #10097723 BAR & GRILL #10097723

TO: FLORIDA DEPT. OF STATE

FROM: BARASOTA BREWING COMPANY III, INC.

I KINDLY ASK FOR YOUR REMOVAL OF LATE CHANGES, FOR I DID NOT RECIEVE THE NOTIFICATION PRIOR TO THE FILING DEADLINE.

> Thank you KINDLY, atthoughtnen