

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000111805

FILED
Jan 05, 2007
Secretary of State

Entity Name: A NEW CONCEPT ITALIAN RESTAURANT, INC.

Current Principal Place of Business:

2221 S. UNIVERSITY DRIVE
DAVIE, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

2221 S. UNIVERSITY DRIVE
DAVIE, FL 33324 US

New Mailing Address:

FEI Number: 20-1448939 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMICO, SALVATORE
11689 NW 12 STREET
CORAL SPRINGS, FL 33071 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: P () Delete
Name: AMICO, SALVATORE
Address: 11689 NW 12 STREET
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: VP () Delete
Name: LAY, CHRISTINE D
Address: 20 NW 110 TH AVE
City-St-Zip: PLANTATION, FL 33324

Title: T () Delete
Name: AMICO, SALVATORE
Address: 11689 NW 12 STREET
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: S () Delete
Name: LAY, CHRISTINE D
Address: 20 NW 110 TH AVE
City-St-Zip: PLANTATION, FL 33324 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: LAY, CHRISTINE D
Address: 2721 LAKEPARK CIRCLE WEST
City-St-Zip: DAVIE, FL 33328

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

Title: S (X) Change () Addition
Name: LAY, CHRISTINE D
Address: 2721 LAKEPARK CIRCLE WEST
City-St-Zip: DAVIE, FL 33328 US

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: SALVATORE AMICO

Electronic Signature of Signing Officer or Director

PRES

01/05/2007

_____ Date