

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000111805

FILED
Jan 11, 2009
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: 2721 LAKEPARK CIRCLE WEST
City-St-Zip: DAVIE, FL 33328

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: 2721 LAKEPARK CIRCLE WEST
City-St-Zip: DAVIE, FL 33328 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: AMICO SALVATORE

P

01/11/2009

Electronic Signature of Signing Officer or Director

Date