

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 24, 2006 8:00 am**  
**Secretary of State**

07-24-2006 90008 019 \*\*\*150.00

**DOCUMENT # P04000142591**

1. Entity Name

ARTURO'S TOO ITALIAN RESTAURANT, INC.



Principal Place of Business

3785 TAMiami TRAIL EAST  
NAPLES, FL 34112

Mailing Address

~~3785 TAMiami TRAIL EAST~~  
~~NAPLES, FL 34112~~  
230 Lamplighter Drive  
Marco Island FL 34145



07032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

14-1918884

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WOODWARD, CRAIG R  
WOODWARD PIRES & LOMBARDO PA  
606 BALD EAGLE DRIVE SUITE 500  
MARCO ISLAND, FL 34146

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D  
NAME PEREZ, ARTURO  
STREET ADDRESS 230 LAMPLIGHTER DRIVE  
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE D  
NAME PEREZ, JUDY  
STREET ADDRESS 230 LAMPLIGHTER DRIVE  
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

Date

Daytime Phone

239-642-4890