

ANNUAL REPORT (AR)**DOCUMENT # P04000147469**

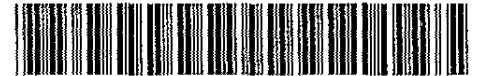
1. Entity Name

SPOTO'S RESTAURANT GROUP, INC.**FILED****Feb 20, 2006 08:00 AM
Secretary of State**

Principal Place of Business

**4550 PGA BLVD SUITE 205
PALM BEACH GARDENS FL 33418**

Mailing Address

**4550 PGA BLVD SUITE 205
PALM BEACH GARDENS FL 33418**

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

20-1805259Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPOTO, JOHN
4550 PGA BLVD SUITE 205
PALM BEACH GARDENS FL 33418**

Name

Street Address (P O Box Number is Not Acceptable)

City

FL

Zip Code

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00**After May 1, 2006 Fee Will Be \$550.00****Make Check Payable to Florida Department of State**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	☐ Delete
NAME	SPOTO, JOHN	
STREET ADDRESS	126 THORNTON DR	
CITY- ST- ZIP	PALM BEACH GARDENS FL 33418	

TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1100110442390
03/04/06 80017-011 150.00

TITLE	VS	☐ Delete
NAME	DALY, ELLEN	
STREET ADDRESS	17626 130TH AVE NORTH	
CITY- ST- ZIP	JUPITER FL 33478	

TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	☐ Delete
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CITY- ST- ZIP	

TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 2-6-06 561-624-118

Date Daytime Phone #