2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000147469

1. Entity Name
SPOTO'S RESTAURANT GROUP, INC.

Principal Place of Business	Mailing Address
4550 PGA BLVD SUITE 205	4550 PGA BLVD SUITE 205
PALM BEACH GARDENS, FL 33418	PALM BEACH GARDENS, FL 33418

DO NOT WRITE IN THIS SPACE

01112008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
20-1805259		Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 **After May 1, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

U00000890240
04/23/08-90086-020 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PT
NAME	SPOTO, JOHN
STREET ADDRESS	126 THORNTON DR
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	VS
NAME	DALY, ELLEN
STREET ADDRESS	17626 130TH AVE NORTH
CITY-ST-ZIP	JUPITER, FL 33478
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   JOHN SPOTO   4-2-08   561 624 1187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #