2906 FOR PROFIT CORPORATION ANNUAL REPORT

FILED ANNUAL REPORT Jan 31, 2006 08:00 AN **DOCUMENT # P04000162226** Secretary of State RESTANI ENTERPRISES, INC. Principal Place of Business Maiting Address 5843 NW 65 TERRACE 5843 NW 65 TERRACE PARKLAND, FL 33067 PARKLAND, FL 33067 01262006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3790376 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RESTANI, HORACIO DO NOT WRITE **5843 NW 65 TERRACE** PARKLAND, FL 33067 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 tife if applicable. (NOTE: Registered Agent signature required when refristating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE RESTANI, HORACIO MASSE STREET ADDRESS **5843 NW 65 TERRACE** U00000408788 CITY - ST - ZIP PARKLAND, FL 33067 02/08/06-80072-016 150.00 TITLE LAMP RESTANI, SUSAN STREET ADDRESS **5843 NW 65 TERRACE** CITY - ST - ZIP PARKLAND, FL 33067 KAME STREET ADDRESS DO NOT WRITE ETTY-ST ZIP IN THIS SPACE TITLE KAME STREET ADDRESS CITY ST ZIP TITLE MAME STREET ADDRESS CITY-ST ZIP MLE 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 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 of powered 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 a potities, with all other like empowered.

SIGNATURE:

E AND TYPES OR BEINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-06 954 881 1426

Daytime Phone #