

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000035508

**FILED**  
**Mar 01, 2012**  
**Secretary of State**

**Entity Name:** LIRIO'S ITALIAN DELI AND RESTUARANT INC.

**Current Principal Place of Business:**

189 WESTON RD.L  
189  
WESTON, FL 33326 US

**New Principal Place of Business:**

189 WESTON ROAD  
WESTON, FL 33326 US

**Current Mailing Address:**

189 WESTON ROAD  
WESTON, FL 33326 US

**New Mailing Address:**

**FEI Number:** 20-2450723      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CASINO, LIRIO  
1236 GINGER CIRCLE  
WESTON, FL 33326 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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CASINO, LIRIO  
**Address:** 1236 GINGER CIRCLE  
**City-St-Zip:** WESTON, FL 33326 US

**Title:** V  
**Name:** JOZEF, HORAK WOJCIECH  
**Address:** 1255 FAIRLAKE TRACE APT # 314  
**City-St-Zip:** WESTON, FL 33326 US

I hereby 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 all other like empowered.

SIGNATURE: LIRIO CASINO

P

03/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date