



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90024 036 ***150.00

DOCUMENT # P05000045514						
1. Entity Name TRE FRATELLI RESTAURANT INC.						
Principal Place of Business 304 SOUTH ALCANIZ STREET PENSACOLA, FL 32501 US			Mailing Address 304 SOUTH ALCANIZ STREET PENSACOLA, FL 32501 US			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				4. FEI Number 59-3340727		
6. Name and Address of Current Registered Agent BREEZES COASTAL CAFE INC. 304 SOUTH ALCANIZ PENSACOLA, FL 32501				7. Name and Address of New Registered Agent		
				Name Robert T. Sorel		
				Street Address (P.O. Box Number is Not Acceptable) 304 S. ALCANIZ		
				City PENSACOLA		
				State FL		
Zip Code 32501						
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 <u>Robert T. Sorel</u> ROBERT T. SOREL 1-12-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P	NAME RUSSO, EMILIO		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6175 ALICIA DRIVE	PENSACOLA, FL 32504			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	PENSACOLA, FL 32504			STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	NAME RUSSO, SEBASTIANO		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6051 SONGBIRD DRIVE	PENSACOLA, FL 32503			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	PENSACOLA, FL 32503			STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SECR	NAME RUSSO, MARIO G		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6182 ALICIA DR	PENSACOLA, FL 32504			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	PENSACOLA, FL 32504			STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<input type="checkbox"/> Delete			NAME DIRECTOR ROBERT T. SOREL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	<input type="checkbox"/> Delete			STREET ADDRESS 4740 SAUFLEY FIELD RD.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete			CITY-ST-ZIP PENSACOLA, FL 32526	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<input type="checkbox"/> Delete			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<input type="checkbox"/> Delete			STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete			CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Robert T. Sorel</u> ROBERT T. SOREL 1-12-06 (850)454-0301 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						