2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P05000045514

Entity Name: TRE FRATELLI RESTAURANT INC.

Current Principal Place of Business:

304 SOUTH ALCANIZ STREET
PENSACOLA, FL 32501 US

New Principal Place of Business:

Current Mailing Address:

304 SOUTH ALCANIZ STREET
PENSACOLA, FL 32501 US

New Mailing Address:

FEI Number: 59-3340727 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOREL, ROBERT T
304 SOUTH ALCANIZ
PENSACOLA, FL 32501 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RUSSO, EMILIO
Address: 6175 ALICIA DRIVE
City-St-Zip: PENSACOLA, FL 32504 US

Title: VP ( ) Delete
Name: RUSSO, SEBASTIANO
Address: 3145 MARCUS POINTE BLVD.
City-St-Zip: PENSACOLA, FL 32505 US

Title: SECR ( ) Delete
Name: RUSSO, MARIO G
Address: 6182 ALICIA DR
City-St-Zip: PENSACOLA, FL 32504 US

Title: T, D ( ) Delete
Name: SOREL, ROBERT T
Address: 4740 SAUFLEY FIELD RD
City-St-Zip: PENSACOLA, FL 32526

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT T. SOREL T 04/30/2008

Electronic Signature of Signing Officer or Director Date