

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000129049

FILED
Jan 08, 2009
Secretary of State

Entity Name: UMBERTO'S OF PORT ST. LUCIE INC.

Current Principal Place of Business:

5489 ST JAMES DRIVE
PORT ST LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

C/O HMD 16100 NE 16 AVE
SUITE B
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

C/O HMD 1557 N.E. 164 STREET
SUITE 201
NORTH MIAMI BEACH, FL 33162

FEI Number: 20-3513469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIXSON, DAVID
16100 NE 16 AVE
SUITE B
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

HIXSON, DAVID
1557 N.E. 164 STREET
SUITE 201
NORTH MIAMI BEACH, FL 33162 US

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: DAVID HIXSON

01/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CORTEO, SALVATORE
Address: 20420 SW 48 PLACE
City-St-Zip: FT. LAUDERDALE, FL 33332

Title: VP () Delete
Name: CORTEO, GIOVANNI
Address: 20420 SW 48 PLACE
City-St-Zip: FT LAUDERDALE, FL 33332

Title: S () Delete
Name: COPPOLA, GENNARO
Address: 11602 NW 13 MANOR
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Delete
Name: CORTEO, STEVEN
Address: 15421 DOVER CT
City-St-Zip: DAVIE, FL 33331

Title: D () Delete
Name: CORTEO, MARION
Address: 20420 S.W. 48TH PL
City-St-Zip: FORT LAUDERDALE, FL 33331

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:

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: DAVID HIXSON

CPA

01/08/2009

Electronic Signature of Signing Officer or Director

Date