

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000146351

FILED
Sep 25, 2009
Secretary of State**Entity Name:** LA BORGATA RISTORANTE & PIZZERIA, INC.**Current Principal Place of Business:**3227 SW MAPP ROAD
PALM CITY, FL 34990 US**New Principal Place of Business:****Current Mailing Address:**3227 SW MAPP ROAD
PALM CITY, FL 34990 US**New Mailing Address:****FEI Number:** 20-3723761**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DIFEDE, ROSALIA
3227 SW MAPP ROAD
PALM CITY, FL 34990 US**Name and Address of New Registered Agent:**GRAZI & GIANINO
217 E. OCEAN BLVD.
STUART, FL 34994 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: RYAN S. GRAZI

09/25/2009

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: P () Delete
Name: DOMENICO, DIFEDE
Address: 4820 SW LAKE GROVE CT
City-St-Zip: PALM CITY, FL 34990

Title: S (X) Delete
Name: CORTICCHIA, ANTHONY
Address: 4820 SW LAKE GROVE CR
City-St-Zip: PALM CITY, FL 34990

Title: T (X) Delete
Name: DI FEDE, ROSALIA
Address: 4820 SW LAKE GROVE CR
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: CORTICCHIA, ANTHONY
Address: 5946 SW BALD EAGLE DR.
City-St-Zip: PALM CITY, FL 34990

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: ANTHONY CORTICCHIA

PRES

09/25/2009

Electronic Signature of Signing Officer or Director_____
Date