2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000040575

Address:

City-St-Zip:

17080 KELLOG AVE

PORT CHARLOTTE, FL 33954 US

Entity Name: SPAZZI ITALIAN GRILL INC

FILED Jul 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: LOUIS GENCARELLI 172 SABAL LAKE DRIVE NAPLES, FL 34104 US **Current Mailing Address: New Mailing Address:** LOUIS GENCARELLI MARY STEWART CPA C/O SPAZZI ITALIAN GRILL AZTEC PLAZA #A10, 4456 TAMIAMI TRAIL 172 SABAL LAKE DRIVE NAPLES, FL 34104 PORT CHARLOTTE, FL 33980 FEI Number: 20-8790405 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GENCARELLI, LOUIS 172 SABAL LAKE DRIVE NAPLES, FL 34104 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition GENCARELLI, LOUIS Name: Name: 172 SABAL LAKE DR Address: Address: City-St-Zip: NAPLES, FL 34104 US City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: RUSSO, MICHAEL R Name: 12 MAPLEWOOD DRIVE Address: Address: BREWSTER, NY 10509 US City-St-Zip: City-St-Zip: Title: Title: SEC () Delete () Change () Addition RUSSO, PAUL V Name: Name: 338 WYATT ST Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33957 US City-St-Zip: Title: () Delete Title: (X) Change () Addition RUSSO, PETER J RUSSO, PETER J Name: Name:

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.

Address:

City-St-Zip:

17080 BEST AVENUE

PORT CHARLOTTE, FL 33954 US

SIGNATURE: MICHAEL RUSSO VP 07/30/2008