

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 25, 2008 8:00 am**  
**Secretary of State**

08-25-2008 90001 022 \*\*\*158.75

<b>DOCUMENT # P07000059934</b>					
<b>1. Entity Name</b> TRATTORIA LA FONTANA, INC.					
<b>Principal Place of Business</b> <del>1655 N. TREASURE DRIVE</del> <del>N. BAY VILLAGE, FL 33141</del> <b>US</b> <b>12500 S. TAMiami TRAIL, NORTH PORT, FL 34287</b>			<b>Mailing Address</b> <del>1655 N. TREASURE DRIVE</del> <del>200</del> <del>N. BAY VILLAGE, FL 33141</del> <b>US</b> <b>12500 S. TAMiami TRAIL</b>		
<b>2. Principal Place of Business - No P.O. Box #</b> <b>SAME</b>		<b>3. Mailing Address</b> <b>12500 S. TAMiami TRAIL</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08042008    Chg-P    CR2E034 (12/06)	
<b>City &amp; State</b>		<b>City &amp; State</b> <b>NORTH PORT, FLORIDA</b>		<b>4. FEI Number</b> <b>26-0195809</b>	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>Zip</b> <b>34287.</b>		<b>Country</b>		Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
DINA, CHRISTIAN <del>1655 N. TREASURE DRIVE</del> <del>200</del> <del>N. BAY VILLAGE, FL 33141</del>			<b>Name</b> <b>12500 S. TAMiami TR</b>		
<b>12500 S. TAMiami TR</b> <b>NORTH PORT, FL 34287</b>			<b>Street Address (P.O. Box Number is Not Acceptable)</b>		
			<b>City</b> <b>FL</b> <b>Zip Code</b>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> DINA, CHRISTIAN <del>1655 N. TREASURE DRIVE, # 200</del> <b>12500 S. TAMiami TR.</b> <del>N. BAY VILLAGE, FL 33141</del> <b>NORTH PORT FL 34287</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 either like empowered.</b>					
<b>SIGNATURE:</b> _____			<b>AUG. 17/2008</b>		<b>305-778-8733</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #