
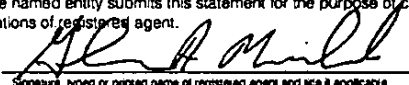
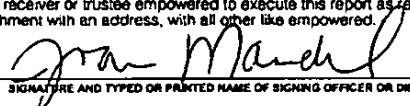


FILED
May 22, 2008 8:00 am
Secretary of State

04-23-2008 90042 048 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

| | | | |
|--|--|--|---|
| DOCUMENT # P07000078152 | |  | |
| 1. Entity Name RINALDI'S DELI, INC. | | | |
| Principal Place of Business 5029A OKEECHOBEE BOULEVARD WEST PALM BEACH, FL 33417 | | Mailing Address 5029A OKEECHOBEE BOULEVARD WEST PALM BEACH, FL 33417 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| MANDEL, GLENN A 5029A OKEECHOBEE BOULEVARD WEST PALM BEACH, FL 33417 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 4. FEI Number 26-0452160 0350 Applied For Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additions: Fee Required | | | |
| 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. | | | |
| SIGNATURE  | | Glenn A. Mandel 4/20/08 | |
| SIGNATURE typed or printed name of registered agent and fee is applicable. | | (NOTE: Registered Agent signature required when re-registering) | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MANDEL, GLENN A 5029A OKEECHOBEE BOULEVARD WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD MANDEL, JOAN L 5029A OKEECHOBEE BOULEVARD WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 all other like empowered. | | | |
| SIGNATURE:  | | Joan Mandel 4/20/08 561-471-7737 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |

66011470



01132008 Chg-P CR2E034 (12/06)