2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000071088

Entity Name: BOCA DOLCE STEAKHOUSE INC

10252 SLEEPY BROOK WAY

BOCA RATON, FL 33428

Address: City-St-Zip: FILED Apr 28, 2009 Secretary of State

| Littly Na | ille. BOCA DOLCE STEAR | KHOOSE, INC. | | | |
|---|---|------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place of Business: | | |
| 8202 GLADES ROAD BOCA RATON, FL 33432 | | | 8208 GLADES ROAD BOCA RATON, FL 33432 | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 8202 GLADES ROAD BOCA RATON, FL 33432 | | | 8208 GLADES ROAD BOCA RATON, FL 33432 | | |
| FEI Number | : FEI Number | Applied For () | FEI Number Not Applicable (X) | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address | Name and Address of New Registered Agent: | |
| BOCA RA | CORPORATE BLVD SUITE TON, FL 33431 US named entity submits this | | ourpose of changing its registere | ed office or registered agent, or both, | |
| | e of Florida. | | | | |
| SIGNATURE: Electronic Signature of Registered Agent | | | ent | Date | |
| Election Car | mpaign Financing Trust Fund C | ontribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | VPD () Delete ROMAN, JUAN C 10975 NW 27TH PLACE SUNRISE, FL 33322 | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | DP () Delete LANGONE, LEONARDO 6350 NW 85TH LANE PARKLAND, FL 33076 | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | TSD () Delete LAZO, LUIS | | Title: Name: | () Change () Addition | |

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:

SIGNATURE: JUAN CARLOS ROMAN VPD 04/28/2009