

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000072887

**FILED**  
**Mar 08, 2011**  
**Secretary of State**

**Entity Name:** AVA'S ITALIAN RESTAURANT INC

**Current Principal Place of Business:**

2245 PLANTATION CENTER DRIVE  
FLEMING ISLAND, FL 32003

**New Principal Place of Business:**

2245 PLANTATION CENTER DRIVE  
SUITE 25 & 26  
FLEMING ISLAND, FL 32003

**Current Mailing Address:**

PO BOX 49099  
JACKSONVILLE BEACH, FL 32003

**New Mailing Address:**

2245 PLANTATION CENTER DRIVE  
SUITE 25 & 26  
FLEMING ISLAND, FL 32003

**FEI Number:** 27-3399649

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAHBUDAK, AMBER JEAN  
2245 PLANTATION CENTER DRIVE  
FLEMING ISLAND, FL 32003 US

**Name and Address of New Registered Agent:**

SAHBUDAK, AMBER J  
2245 PLANTATION CENTER DRIVE  
SUITE 25 & 26  
FLEMING ISLAND, FL 32003 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: AMBER J SAHUBDAK

03/08/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: SAHBUDAK, AMBER J  
Address: 2245 PLANTATION CENTER DRIVE  
City-St-Zip: FLEMING ISLAND, FL 32003

I hereby 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 all other like empowered.

SIGNATURE: AMBER J SAHBUDAK

CEO

03/08/2011

Electronic Signature of Signing Officer or Director

Date