

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000015273

1. Entity Name  
LILLY'S GASTRONOMIA ITALIANA OF FLORIDA, INC.



Principal Place of Business  
1301 W. COPANS RD.  
BLDG. E-1  
POMPANO BEACH, FL 33064

Mailing Address  
1301 W. COPANS RD.  
BLDG. E-1  
POMPANO BEACH, FL 33064



03042004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0401696

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

PORTLEY, PETER A  
2401 E. ATLANTIC BLVD.  
POMPANO BEACH, FL 33062

**DO NOT WRITE  
IN THIS SPACE**

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 *Federico Botta*  
Signature, typed or printed name of registered agent, and title, if applicable

(NOTE: Registered Agent Signature required when reinstating)

*3-8-04*  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U000000091118  
03/17/04-80046-025 158.75

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
DPTC  
BOTTA, FEDERICO  
3113 S. OCEAN DR. 702  
HALLANDALE, FL 33009

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Federico Botta* **FEDERICO BOTTA PRES** *3-8-04* *9545363653*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #