

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 11, 2005 8:00 am
Secretary of State**

04-11-2005 90151 012 ***150.00

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

2. Principal Place of Business

18330 N.E. 2nd AVE

Suite, Apt. #, etc.

3. Mailing Address

18330 N.E. 2nd AVE

Suite, Apt. #, etc.



01202005 Chg-P CR2E034 (10/03)

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33179-4424

Country

U.S.A.

Zip

33179-4424

Country

U.S.A.

4. FEI Number

65-0401696

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

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

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

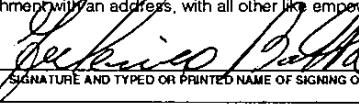
9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x3-29-05

Date

x305655-2111

Daytime Phone #