


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P93000018007 | |  |
| 1. Entity Name NICOLA'S ITALIAN RESTAURANT, INC. | | |
| Principal Place of Business 5521 W OAKLAND PARK LAUDERHILL, FL 33313 | Mailing Address 5521 W OAKLAND PARK LAUDERHILL, FL 33313 US | |



01192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-0426566 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent FEMIA, NICOLA 4901 N.W. 75TH AVE. LAUDERHILL, FL 33319 | 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S FEMIA, JOSEPHINE 11153 HARBOUR SPRINGS CIRCLE BOCA RATON, FL 33428 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P FEMIA, NICOLA 11153 HARBOUR SPRINGS CIRCLE BOCA RATON, FL 33428 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
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02/02/07-80014-025 158.75

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: Nicola Femia (PRES) 1-23-07 (954) 731-3060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #