


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90051 021 ***150.00

DOCUMENT # P93000040254	
1. Entity Name ARTURO'S ITALIAN RESTAURANT OF MARCO, INC.	

Principal Place of Business 844 BALD EAGLE DRIVE MARCO ISLAND FL 33937 US	Mailing Address 844 BALD EAGLE DRIVE MARCO ISLAND FL 33937 US
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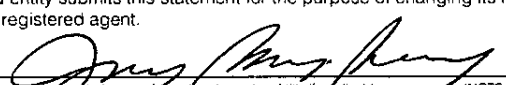
2. Principal Place of Business 844 BALD EAGLE DRIVE	3. Mailing Address same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Marco Island FL	City & State
Zip 34145	Country Collier

4. FEI Number 65-0414846	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
BARNEY-PEREZ, JUDY 844 BALD EAGLE DR MARCO ISLAND FL 34145	

7. Name and Address of New Registered Agent	
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 	DATE 2/27/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	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	
TITLE DP	<input type="checkbox"/> Delete
NAME PEREZ, ARTURO	
STREET ADDRESS 844 BALD EAGLE DR	
CITY-ST-ZIP MARCO ISLAND FL 34145	
TITLE DVP	<input type="checkbox"/> Delete
NAME BARNEY-PEREZ, JUDY	
STREET ADDRESS 844 BALD EAGLE DR	
CITY-ST-ZIP MARCO ISLAND FL 34145	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ARTURO PEREZ JR.	
STREET ADDRESS 844 BALD EAGLE DRIVE	
CITY-ST-ZIP MARCO ISLAND FL 34145	
TITLE B. Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME EDGAR PEREZ	
STREET ADDRESS 844 BALD EAGLE DRIVE	
CITY-ST-ZIP MARCO ISLAND FL 34145	
TITLE TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JUDY BARNEY-PEREZ	
STREET ADDRESS 844 BALD EAGLE DRIVE	
CITY-ST-ZIP MARCO ISLAND FL 34145	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 	DATE 2/27/04	DAYTIME PHONE # 239-642-0550
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