

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 OCT 13 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P93000040254</b> 1. Entity Name ARTURO'S ITALIAN RESTAURANT OF MARCO, INC.					
Principal Place of Business 844 BALD EAGLE DR. MARCO ISLAND, FL 34145 US			Mailing Address 844 BALD EAGLE DRIVE MARCO ISLAND, FL 33937 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		09122008 Chg-P CR2E034 (12/06)	
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 <u>BARNEY, JUDY</u> Street Address (P.O. Box Number is Not Acceptable) <u>844 BALD EAGLE DRIVE</u> City <u>MARCO ISLAND</u> FL <u>34145</u>		
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 <u>10/6/08</u> <small>Signature is typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP PEREZ, ARTURO 844 BALD EAGLE DR MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/PIS PEREZ, ARTURO 844 BALD EAGLE DRIVE MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARNEY-PEREZ, JUDY 844 BALD EAGLE DR MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VIT BARNEY, JUDY 844 BALD EAGLE DRIVE MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEREZ, ARTURO JR 844 BALD EAGLE DR. MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	800136910438 10/14/08--01050--003 ***61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PEREZ, EDGAR 844 BALD EAGLE DR. MARCO ISLAND, FL 34145	<input checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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 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:  DATE <u>10/06/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

239-458-1117

10/13