


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2006 08:00 AM
Secretary of State


DOCUMENT # P93000063383

1. Entity Name
CO. TI. RESTAURANTS USA, INC.



Principal Place of Business 1325 W. COLONIAL DR. ORLANDO, FL 32804 US	Mailing Address 1325 W. COLONIAL DR. ORLANDO, FL 32804 US
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DO NOT WRITE IN THIS SPACE



07182006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3211277	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORTEILETTI, GIULIANO
 1325 W. COLONIAL DR.
 ORLANDO, FL 32804**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
 Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CORTELLETTI, GIULIANO 1325 W. COLONIAL DR. ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORTELLETTI, INGEBORG 1325 W. COLONIAL DR. ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORTELLETTI, MICHAEL 1325 W. COLONIAL DR. ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 08/16/06-80006-005 550.00

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 an officer empowered.

SIGNATURE: *Giuliano Cortelletti* **PSTD** Date: 08.04.2006 Daytime Phone #: 407.872.0200