

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P95000055122**

1. Entity Name  
**MARIO CITY RESTAURANT CORPORATION**



Principal Place of Business

**513 FLEMING ST**

**4**

**KEY WEST, FL 33040 US**

Mailing Address

**P O BOX 308**

**KEY WEST, FL 33041 US**

**DO NOT WRITE IN THIS SPACE**

03282008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0600241**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DIMITRI KAVOURA**  
**513 FLEMING ST.**  
**UNIT 4**  
**KEY WEST, FL 33040**

**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

000000001000

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

04/16/08-20019-006 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PS**  
**DIMITRI, KAVOURA**  
**513 FLEMING STREET SUITE 4**  
**KEY WEST, FL 33040**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP**  
**DIMITRI, KAVOURA**  
**513 FLEMING STREET SUITE 4**  
**KEY WEST, FL 33040**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
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CITY - ST - ZIP

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #