

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000070873

**FILED**  
**Mar 17, 2010**  
**Secretary of State**

**Entity Name:** GINO'S NEWYORK STYLE PIZZERIA RESTAURANT, INC.

**Current Principal Place of Business:**

35977 US 19  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

**Current Mailing Address:**

35977 US 19  
PALM HARBOR, FL 34683

**New Mailing Address:**

**FEI Number:** 59-3334307

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BONETTI, ARLENE  
35977 US 19  
PALM HARBOR, FL 34683 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PST  
**Name:** BONETTI, ARLENE  
**Address:** 3382 HICKORYWOOD WAY  
**City-St-Zip:** TARPON SPRINGS, FL 34689

**Title:** DV  
**Name:** BONETTI, BLAISE  
**Address:** 3382 HICKORYWOOD WAY  
**City-St-Zip:** TARPON SPRINGS, FL 34689

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** ARLENE BONETTI

PRES

03/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date