


DOCUMENT # P96000051300

CANNOLI KITCHEN, INC.

Secretary of State

04-03-2001 90020 014 ***150.00

Principal Place of Business 2001 N FEDERAL HIGHWAY BOCA RATON FL 33432		Mailing Address 2001 N FEDERAL HIGHWAY BOCA RATON FL 33432		 DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0679678 <input type="checkbox"/> Applied For Not Applicable	
Zip _____ Country _____		Zip _____ Country _____		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WILLITS, RYAN E ESQ 299 CAMINO GARDENS BOULEVARD SUITE 204 BOCA RATON FL 33432				Name _____	
				Street Address (P.O. Box Number is Not Acceptable) _____	
				City _____	
				State 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. SIGNATURE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</small>					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPVS	<input type="checkbox"/> Delete			
NAME	GISMONDI, ARTURO G				
STREET ADDRESS	2001 N FEDERAL HIGHWAY				
CITY-ST-ZIP	BOCA RATON FL 33432				
TITLE	T	<input type="checkbox"/> Delete			
NAME	GISMONDI, ARTURO G				
STREET ADDRESS	2001 N FEDERAL HIGHWAY				
CITY-ST-ZIP	BOCA RATON FL 33432				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____				Date: 3/06/01 Daytime Phone #: 561 393 6715	