2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State
03-29-2004 90083 035 ***150.00

DOCUMENT # P96000094942

1. Entity Name
MEZZANOTTE OF BROWARD, INC.

940390bb

Principal Place of Business	Mailing Address
300 S.W. 1ST AVENUE FT. LAUDERDALE, FL 33301	1021 CANE CONCOURSE BAY HARBOR, FL 33154

02272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	9556 Abbott Ave, Suite, Apt. #, etc.
City & State	City & State: Surfside. Fl.
Zip / Country	Zip: 33154 / Country

4. FEI Number: 65-0827457 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HELLMAN, MAYNARD J 1100 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City **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. 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's signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$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	PD BILLANTE, THOMAS 1000 VENETIAN WAY MIAMI BEACH, FL 33139	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FILPI, PIERO 6450 ALLISON ROAD MIAMI BEACH, FL 33141	☒ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PAUCAR, MANUEL 3390 MARY STREET COCONUT GROVE, FL 33133	☒ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD KALAS, KOSMAS A 9700 COLLINS AVENUE BAL HARBOUR, FL 33154	☐ Delete	☐ Change ☐ Addition	VD Kalas, Kosmas A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	STD Mcelhinney, Kirk 3731 North Country.Aventura Fl.33180
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: K.A. KALAS 03/18/2004 305 8656499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #