


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90231 048 ***150.00

| | |
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| DOCUMENT # P97000004507 |  |
| 1. Entity Name TONY'S RESTAURANT DISTRIBUTION SERVICES, INC. | |

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|---|---|
| Principal Place of Business 2200 GLADES ROAD SUITE 1101 BOCA RATON FL 33431 | Mailing Address 1198 N. DIXIE HWY BOCA RATON FL 33432 |
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|--|---|
| 2. Principal Place of Business 1441 NW 2nd AVE | 3. Mailing Address 1901 N MILITARY TR |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |



1st MOORE CR2E034 (10/04)

| | |
|--------------------------------------|--------------------------------------|
| City & State BOCA RATON FL | City & State BOCA RATON FL |
| Zip 33432 | Zip 33431 |
| Country USA | Country USA |

| | |
|------------------------------------|--|
| 4. FEI Number 65-0727126 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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|---|--|
| 6. Name and Address of Current Registered Agent BOVA, ANTHONY LAURIE 2200 GLADES ROAD BOCA RATON FL 33431 | |
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| 7. Name and Address of New Registered Agent | |
| 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 _____ | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|-----------------|--|------------|

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---------------------------------|---|---|
| TITLE D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME BOVA, ANTHONY | | NAME | |
| STREET ADDRESS 2200 GLADES RD, SUITE 1101 | | STREET ADDRESS | |
| CITY-ST-ZIP BOCA RATON FL 33431 | | CITY-ST-ZIP | |
| TITLE D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME BOVA, LAURIE | | NAME | |
| STREET ADDRESS 2200 GLADES RD, SUITE 1101 | | STREET ADDRESS | |
| CITY-ST-ZIP BOCA RATON FL 33431 | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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.

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|--|--------------|
| SIGNATURE:  | DATE: _____ |
| Anthony Bova | 561.392.5395 |