

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000013503

**FILED**  
**Jan 27, 2011**  
**Secretary of State**

**Entity Name:** Z. BARDHI'S ITALIAN CUISINE, INC.

**Current Principal Place of Business:**

3596 KINHEGA DRIVE  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CARLA BARDHI  
9600 WATERS MEET DRIVE  
TALLAHASSEE, FL 32312

**New Mailing Address:**

**FEI Number:** 59-3428261

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARDHI, ZEKE  
3596 KINHEGA DRIVE  
TALLAHASSEE, FL 32312 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

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** BARDHI, ZEKE  
**Address:** 9600 WATERS MEET DRIVE  
**City-St-Zip:** TALLAHASSEE, FL 32312

**Title:** D  
**Name:** BARDHI, CARLA  
**Address:** 9600 WATERS MEET DRIVE  
**City-St-Zip:** TALLAHASSEE, FL 32312

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:** ZEKE BARDHI

PRES

01/27/2011

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

\_\_\_\_\_  
Date