

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000048027

1. Entity Name

SPOTO RESTAURANT CORPORATION



Principal Place of Business

125 DATURA STREET
WEST PALM BEACH, FL 33401

Mailing Address

4550 PGA BLVD
205
PALM BEACH GARDENS, FL 33418

FILED

Mar 12, 2007 08:00 AM

Secretary of State



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0760758

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPOTO, JOHN
4550 PGA BLVD, SUITE 205
PALM BEACH GARDENS, FL 33418

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relistating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SPOTO, JOHN
STREET ADDRESS 126 THORNTON DRIVE
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE VP
NAME DALY, ELLEN M
STREET ADDRESS 17626 130TH AVE. N.
CITY-ST-ZIP JUPITER, FL 33478

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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03/21/07-80041-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #