

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000098773

1. Entity Name
ISLAMORADA RESTAURANT, INC.



Principal Place of Business
**1000 OMNI BLVD
NEWPORT NEWS, VA 23606**

Mailing Address
**1000 OMNI BLVD
NEWPORT NEWS, VA 23606**



04162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-1940773	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPCO, INC.
2699 SOUTH BAYSHORE DRIVE
7TH FLOOR
MIAMI, FL 33133**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MP
ECONOMOS, NICHOLAS
4000 N. FEDERAL HIGHWAY, SUITE 206
BOCA RATON, FL 33431**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**GP
DIAMONSTEIN, ARTHUR
1086 ALGONQUIN ROAD
NORFOLK, VA 23505**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**GP
COMESS, BARRY
10823 WEATHERVANE ROAD
RICHMOND, VA 23233**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**GP
COMESS, ALLAN
401 ATLANTIC AVE APT 1206
VIRGINIA BEACH, VA 23451**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000917673
05/13/08-80052-006 150.00

**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

NICK ECONOMOS 04/21/2008 (757) 591-3519

Date

Daytime Phone #