

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90216 026 \*\*\*662.74

<b>DOCUMENT # P98000016812</b>					
<b>1. Entity Name</b> VINGIANO ITALIAN RESTAURANT, INCORPORATED					
<b>Principal Place of Business</b> 7700 CONGRESS AVE #1136 BOCA RATON, FL 33487			<b>Mailing Address</b> 7700 CONGRESS AVE #1136 BOCA RATON, FL 33487		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 4801 Linton Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		City & State Delray Beach, FL		<b>4. FEI Number</b> 65-0812611	
Zip		Country		Zip 33445	
Country		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> VINGIANO, CHRIS 7700 CONGRESS AVENUE #1136 BOCA RATON, FL 33487			<b>7. Name and Address of New Registered Agent</b> Name: SAME Street Address (P.O. Box Number is Not Acceptable): 4801 LINTON BLVD. City: Delray Beach FL Zip Code: 33445		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2006 Fee will be \$550.00		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> D	<b>NAME</b> VINGIANO, CHRIS		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 7700 CONGRESS AVE., #1136	<b>CITY - ST - ZIP</b> BOCA RATON, FL 33487		<b>TITLE</b> (Same)		
<b>NAME</b> VINGIANO, CHRIS		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>STREET ADDRESS</b> 7700 CONGRESS AVE., #1136		<b>NAME</b> 4801 LINTON BLVD			
<b>CITY - ST - ZIP</b> BOCA RATON, FL 33487		<b>STREET ADDRESS</b> 4801 LINTON BLVD			
<b>CITY - ST - ZIP</b> BOCA RATON, FL 33487		<b>CITY - ST - ZIP</b> DELRAY BEACH, FL 33445			
<b>TITLE</b> D		<input type="checkbox"/> Delete			
<b>NAME</b> VINGIANO, CHRIS		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>STREET ADDRESS</b> 7700 CONGRESS AVE., #1136		<b>NAME</b> 4801 LINTON BLVD			
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<b>CITY - ST - ZIP</b> BOCA RATON, FL 33487		<b>CITY - ST - ZIP</b> DELRAY BEACH, FL 33445			
<b>TITLE</b> D		<input type="checkbox"/> Delete			
<b>NAME</b> VINGIANO, CHRIS		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>STREET ADDRESS</b> 7700 CONGRESS AVE., #1136		<b>NAME</b> 4801 LINTON BLVD			
<b>CITY - ST - ZIP</b> BOCA RATON, FL 33487		<b>STREET ADDRESS</b> 4801 LINTON BLVD			
<b>CITY - ST - ZIP</b> BOCA RATON, FL 33487		<b>CITY - ST - ZIP</b> DELRAY BEACH, FL 33445			
<b>TITLE</b> D		<input type="checkbox"/> Delete			
<b>NAME</b> VINGIANO, CHRIS		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>STREET ADDRESS</b> 7700 CONGRESS AVE., #1136		<b>NAME</b> 4801 LINTON BLVD			
<b>CITY - ST - ZIP</b> BOCA RATON, FL 33487		<b>STREET ADDRESS</b> 4801 LINTON BLVD			
<b>CITY - ST - ZIP</b> BOCA RATON, FL 33487		<b>CITY - ST - ZIP</b> DELRAY BEACH, FL 33445			
<b>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.</b>					
<b>SIGNATURE:</b> <b>Chris Vingiano</b> 4/27/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					