

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90008 033 \*\*\*150.00

<b>DOCUMENT # P98000032974</b> 1. Entity Name <b>SHCARIZO RESTAURANT GROUP, INC.</b>			
Principal Place of Business <b>4 EAST ATLANTIC AVE DELRAY BEACH, FL 33444</b>		Mailing Address <b>4 EAST ATLANTIC AVE DELRAY BEACH, FL 33444</b>	
2. Principal Place of Business <b>1471 46 AVE NE</b> Suite, Apt. #, etc.		3. Mailing Address <b>1471 46 AVE NE</b> Suite, Apt. #, etc.	
City & State <b>ST. PETE FLORIDA</b>		City & State <b>ST. PETE FLORIDA</b>	
Zip <b>33703</b>		Zip <b>33703</b>	
Country <b>FLORIDA</b>		Country <b>FLORIDA</b>	
4. FEI Number <b>65-0855231</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CASSERA, JOSEPH 4 EAST ATLANTIC AVE. DELRAY BEACH, FL 33444</b>		7. Name and Address of New Registered Agent Name <b>CASSERA, Joseph</b> Street Address (P.O. Box Number is Not Acceptable) <b>1471 46 AVE NE</b> City <b>ST. PETE</b> FL Zip Code <b>33703</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. SIGNATURE <u><i>Joseph A. Cassera</i></u> DATE <u>2/27/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVT CASSERA, JOSEPH 3801 SABAL LAKES ROAD DELRAY BEACH, FL 33445	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVT CASSERA, Joseph 1471 46 AVE NE ST. PETE FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASSERA, ROBERT 2354 80TH STREET BROOKLYN, NY 11214	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
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.			
SIGNATURE: <u><i>Joseph A. Cassera</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2/27/04</u> Daytime Phone # <u>727-459-2973</u>	