

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90014 023 \*\*\*150.00

**DOCUMENT # P98000062915**

1. Entity Name

**POSITANO RESTAURANT VENTURES, INC.**



Principal Place of Business

**5050 TOWN CENTER CIRCLE  
SUITE 247  
BOCA RATON FL 33486**

Mailing Address

**5050 TOWN CENTER CIRCLE  
SUITE 247  
BOCA RATON FL 33486**

**54037028**



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0852262**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PERRY, MARK  
PERRY & KERN PA  
50 SE FOURTH AVENUE  
DELRAY BEACH FL 33483**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete  
NAME BEACH, PATRICIA  
STREET ADDRESS C/O 5050 TOWN CENTER CIR  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME MORINELLI ANGELO  
STREET ADDRESS 9848 GRAND VERDE WAY #1104  
CITY-ST-ZIP BOCA RATON, FL. 33438

TITLE VSTD ☒ Delete  
NAME MAURO, SALVATORE  
STREET ADDRESS C/O 5050 TOWN CENTER CIR  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE VICE PRESIDENT/SECT. ☒ Change ☐ Addition  
NAME MORINELLI MARIZA  
STREET ADDRESS 9848 GRAND VERDE WAY #1104  
CITY-ST-ZIP BOCA RATON, FL. 33438

TITLE VD ☒ Delete  
NAME ELIA, LEFANO A  
STREET ADDRESS C/O 5050 TOWN CENTER CIR  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Angelo Morinelli*

4/15/04

Date

561-750-2344

Daytime Phone #