2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000062915

Entity Name: POSITANO RESTAURANT VENTURES, INC.

FILED Feb 09, 2006 Secretary of State

| and the second | TO REOTAGINATIVE VERTORE | 5, H 4 C. | |
|--|----------------------------------|---|--------------------------------------|
| Current Principal Place of Business: | | New Principal Place of Business: | |
| 5050 TOWN CENTER C SUITE 247 | CIRCLE | | |
| BOCA RATON, FL 334861066 US | | | |
| Current Mailing Address: | | New Mailing Address: | |
| C/O GRUBER AND ASS 6550 NORTH FEDERAL FORT LAUDERDALE, F | . HIGHWAY, SUITE 522 | | |
| FEI Number: 65-0852262 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | Name and Address of New Registered Agent: | |
| MORINELLI, ANGELO 5050 TOWN CENTER C BOCA RATON, FL 3348 | | | |
| The above named entity in the State of Florida. | submits this statement for the p | ourpose of changing its registered | office or registered agent, or both, |
| SIGNATURE: | | | |
| Electro | nic Signature of Registered Age | ent | Date |
| Election Campaign Financin | g Trust Fund Contribution (). | | |
| | | | |

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: MORINELLI, ANGELO Name: MORINELLI, ANGELO

 Address:
 9848 GRAND VERDE WAY, #1104
 Address:
 5050 TOWN CENTER CIRCLE, SUITE 247

 City-St-Zip:
 BOCA RATON, FL 334283520 US
 City-St-Zip:
 BOCA RATON, FL 334861066 US

жу-ок-др. Воси китом, т. Е. 334203320 00 ску-ок-др. Воси китом, т. Е. 33420300 00

Title: VPD () Delete Title: VD (X) Change () Addition Name: MORINELLI, MARIZA S Name: MORINELLI, MARIZA S

Address: 9848 GRAND VERDE WAY, #1104 Address: 5050 TOWN CENTER CIRCLE, SUITE 247
City-St-Zip: BOCA RATON, FL 334383520 US City-St-Zip: BOCA RATON, FL 334861066 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELO MORINELLI P 02/09/2006