2005 FOR PROFIT CORPORATION .

Feb 28, 2005 08:00 AM **ANNUAL REPORT** Secretary of State **DOCUMENT # P98000089819** 1. Entity Name RESTO CONCEPTS INC. Principal Place of Business Mailing Address 549 NE 95TH ST. 549 NE 95TH ST. MIAMI SHORES, FL 33138 MIAMI SHORES, FL 33138 02232005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0871601 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROSSETTI, JOHN C DO NOT WRITE 549 NE 95TH ST. MIAMI SHORES, FL 33138 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Added to Fees Trust Fund Contribution. 10. OFFICERS AND DIRECTORS PD TITLE ROSSETTI, JOHN C NAME STREET ADDRESS 549 NE 95TH ST. 计时间用记4万元记 MIAMI SHORES, FL 33138 CITY-ST-ZIP -W7287U5-88869-004-158.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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 true employees to execute this apport as required by Chapter 607. Florida Statutes, and that my name appears in Block 10 or Block 11 if indicated on this report or supplemental report is true of the corporation or the receiver or trustee impowered changed, or on an attachment with an address, with all 305

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

FILED