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May 02, 2008 8:00 am
Secretary of State
05-02-2008 90158 022 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000099281

1. Entity Name
VINGIANO ITALIAN RESTAURANT 2, INC.

Principal Place of Business	Mailing Address
861 YAMATO RD.,BAY # 2 BOCA RATON, FL	4801 LINTON BLVD DELRAY BEACH, FL 33-4456

04152008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
861 Yamato Road		8921 Raven Rock CT	
Suite, Apt. #, etc. Bays 1 & 3		Suite, Apt. #, etc.	
City & State Boca Raton, FL		City & State Boynton Beach, FL	
Zip 33431	Country USA	Zip 33424	Country USA

4. FEI Number 65-0872661 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VINGIANO, CHRISTOPHER
4801 LINTON BLVD.
DELRAY BEACH, FL 33445

7. Name and Address of New Registered Agent

Name Vingiano, Chris
Street Address (P.O. Box Number is Not Acceptable) 8921 Raven Rock Court
City Boynton Beach FL Zip Code 33424

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] 4/28/08
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, 2008 Fee will be $550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	P VINGIANO, CHRISTOPHER S 4801 LINTON BLVD DELRAY BEACH, FL 33445	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Christoper S. Vingiano 8921 Raven Rock Court Boynton Beach, FL 33424	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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 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.

SIGNATURE: [signature] 4/28/08 561 239 1298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #