2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P98000099281

1. Entity Name
VINGIANO ITALIAN RESTAURANT 2, INC.

Principal Place of Business
861 YAMATO RD.,BAY #2
BOCA RATON, FL

Mailing Address
4801 LINTON BLVD
DELRAY BEACH, FL 33-4456

04152008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # 861 Yamato Road
Suite, Apt. #, etc. Bays 2 & 3
City & State Boca Raton, FL
Zip 33431 Country USA

3. Mailing Address 8921 Raven Rock CT
Suite, Apt. #, etc.
City & State Boynton Beach, FL
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 _____ 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	P ☐ Delete	TITLE	P ☒ Change ☐ Addition
NAME	VINGIANO, CHRISTOPHER S	NAME	Christoper S. Vingiano
STREET ADDRESS	4801 LINTON BLVD	STREET ADDRESS	8921 Raven Rock Court
CITY-ST-ZIP	DELRAY BEACH, FL 33445	CITY-ST-ZIP	Boynton Beach, FL 33424
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ 4/28/08 561-239-1295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #