


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90211 050 ***150.00

DOCUMENT # P99000031291 1. Entity Name LA FONTANELLA RISTAUANT, INC.																																									
Principal Place of Business 24600 TAMIAMIL TRAIL 204 BONITA SPRINGS FL 34134			Mailing Address 24600 TAMIAMIL TRAIL 204 BONITA SPRINGS FL 34134																																						
2. Principal Place of Business		3. Mailing Address																																							
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																							
City & State		City & State																																							
Zip	Country	Zip	Country																																						
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																					
TADROS, ADEL 28100 DOVEWOOD CT #205 BONITA SPRINGS FL 34135				Name Adel KHALIL Street Address (P.O. Box Number is Not Acceptable) 24600 S Tamiamil TRAIL # 204 City Bonita Springs FL Zip Code 34134																																					
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> P KHALIL, ADEL M 2407 BUTTERFLY PLAM DR NAPLES FL 34119 <input type="checkbox"/> Delete </td> <td style="width:30%;"></td> </tr> <tr> <td> VP TADROS, ADEL 9936 COLONIAL WALK N ESTERO FL 33928 <input checked="" type="checkbox"/> Delete </td> <td></td> <td></td> </tr> <tr> <td> <input type="checkbox"/> Delete </td> <td></td> <td></td> </tr> <tr> <td> <input type="checkbox"/> Delete </td> <td></td> <td></td> </tr> <tr> <td> <input type="checkbox"/> Delete </td> <td></td> <td></td> </tr> <tr> <td> <input type="checkbox"/> Delete </td> <td></td> <td></td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KHALIL, ADEL M 2407 BUTTERFLY PLAM DR NAPLES FL 34119 <input type="checkbox"/> Delete		VP TADROS, ADEL 9936 COLONIAL WALK N ESTERO FL 33928 <input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Delete			<input type="checkbox"/> Delete			<input type="checkbox"/> Delete			<input type="checkbox"/> Delete			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> VP KHALIL, ADEL M 2407 BUTTERFLY PLAM DR NAPLES FL 34119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td style="width:30%;"></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KHALIL, ADEL M 2407 BUTTERFLY PLAM DR NAPLES FL 34119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KHALIL, ADEL M 2407 BUTTERFLY PLAM DR NAPLES FL 34119 <input type="checkbox"/> Delete																																								
VP TADROS, ADEL 9936 COLONIAL WALK N ESTERO FL 33928 <input checked="" type="checkbox"/> Delete																																									
<input type="checkbox"/> Delete																																									
<input type="checkbox"/> Delete																																									
<input type="checkbox"/> Delete																																									
<input type="checkbox"/> Delete																																									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KHALIL, ADEL M 2407 BUTTERFLY PLAM DR NAPLES FL 34119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																								
		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																							
		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																							
		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																							
		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																							
		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																							
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: Adel Khalil Adel KHALIL 2-18-05 (239) 9786808 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																									

50019401



1st MOORE CR2E034 (10/04)

4. FEI Number **65-0907661** Applied For ☐ Not Applicable ☐

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