

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90157 001 ***158.75

DOCUMENT # P99000034876	
1. Entity Name WINSTON PARK CENTER RESTAURANT INC.	

Principal Place of Business 5375 LYONS ROAD COCONUT CREEK, FL 33073	Mailing Address 5963 W HILLSBORO BLVD SUITE B PARKLAND, FL 33067 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 8753 Wellington View Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State W. Palm Beach		City & State W. Palm Beach	
Zip 33411	Country FL	Zip 33411	Country FL

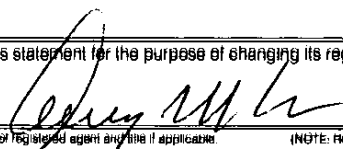


04292006 Chg-P CR2E034 (12/06)

4. FEI Number 05-0913450	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TROIA, AUDREY M 5963 W HILLSBORO BLVD SUITE B PARKLAND, FL 33067	
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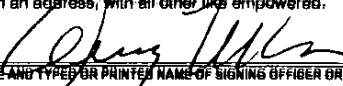
7. Name and Address of New Registered Agent	
Name Audrey M Troia	
Street Address (P.O. Box Number is Not Acceptable) 8753 Wellington View Dr.	
City W. Palm Beach	FL Zip Code 33411

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 4/20/08

FILE NOW!!! FEB IS \$150.00 After May 1, 2008 Fee will be \$650.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TROIA, TOMMASO 8104 NW 87 TERRACE CORAL SPRINGS, FL 33067 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TROIA, LORENZO 6348 NW 122 DRIVE CORAL SPRINGS, FL 33076 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TROIA, AUDREY M 5963 W HILLSBORO BLVD PARKLAND, FL 33067 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: 	DATE 4/20/08	DAYTIME PHONE # 561 793-9001
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