2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2009
Secretary of State

DOCUMENT# P99000034876

Entity Name: WINSTON PARK CENTER RESTAURANT INC.

Current Principal Place of Business:

5375 LYONS ROAD
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

8753 WELLINGTON VIEW DR.
WEST PALM BEACH, FL 33411 US

New Mailing Address:

FEI Number: 65-0913450 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TROIA, AUDROY M
8753 WELLINGTON VIEW DR.
WEST PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

TROIA, AUDREY M
8753 WELLINGTON VIEW DR.
WEST PALM BEACH, FL 33411 US

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.

SIGNATURE: AUDREY TROIA 08/17/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: TROIA, TOMMASSO
Address: 5104 NW 57 TERRACE
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: VP ( ) Delete
Name: LORENZO, TROIA
Address: 10240 CYPRESS LAKE PRESERVE DRIVE
City-St-Zip: LAKE WORTH, FL 33447 US

Title: S ( ) Delete
Name: TROIA, AUDREY M
Address: 8753 WELLINGTON VIEW DR.
City-St-Zip: WELLINGTON, FL 33411 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: LORENZO, TROIA
Address: 5104 NW 57 TERRACE
City-St-Zip: CORAL SPRINGS, FL 33411 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AUDREY M TROIA S 08/17/2009
Electronic Signature of Signing Officer or Director Date