

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90050 008 \*\*\*150.00

**DOCUMENT # P99000061193**

1. Entity Name

DATLOF & NURRITO, INC.



Principal Place of Business  
ITALIAN RESTAURANT  
C  
DELRAY BEACH FL 33446

Mailing Address  
6600 W ATLANTIC AVE  
DELRAY BEACH FL 33446



2. Principal Place of Business - No P.O. Box #

FRATELLI ITALIAN Grill

3. Mailing Address

Suite, Apt. #, etc.  
6600 W. ATLANTIC AVE

Suite, Apt. #, etc.

City & State  
Delray Bch FL

City & State

Zip  
33446

Country  
U.S.A

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0932396

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NURRITO, SALVATORRE  
6600 B WEST ATLANTIC AVE  
DELRAY BEACH FL 33446

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 SALVATORE NURRITO President

Signature, typed or printed name of registered agent and title, as applicable.

(NOTE: Registered Agent signature required when constituting)

DATE

FEB 15 07

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME NURRITO, SALVATORE ☐ Delete  
STREET ADDRESS 6600 W ATLANTIC AVE  
CITY - ST - ZIP DELRAY BEACH FL 33446

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: SALVATORE NURRITO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 15 07 561-495-4500

Date

Daytime Phone #