


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

|  |   |   |
|--|---|---|
| <b>DOCUMENT # S59216</b><br>1. Entity Name<br><b>SARNELLI'S RISTORANTE, INC.</b>   |   |  |
| Principal Place of Business<br><b>2023 PARK AVENUE<br/>ORANGE PARK, FL 32073</b>   | Mailing Address<br><b>2023 PARK AVENUE<br/>ORANGE PARK, FL 32073</b>  |   |
| <b>DO NOT WRITE IN THIS SPACE</b>  |   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>MATTHEWS, DONALD W.<br/>7952 NORMANDY BOULEVARD<br/>JACKSONVILLE, FL 32221</b>   |   | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____  |   |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | <b>1100000402558<br/>02/03/06-80013-001 150.00</b>                                |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PTD<br>SARNELLI, ANTONIO<br>2023 PARK AVENUE<br>ORANGE PARK, FL   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VSD<br>SARNELLI, ROSARIA<br>2023 PARK AVENUE<br>ORANGE PARK, FL   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: <u><i>Antonio Sarnelli</i></u> <u><i>Rosario Sarnelli</i></u> 1-26-06 904-269-1331<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |   |