

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # S94147**

1. Entity Name  
**BROCATO'S SANDWICH SHOP, INC.**



**FILED  
Apr 21, 2005 8:00 am  
Secretary of State**

04-21-2005 90233 038 \*\*\*150.00

Principal Place of Business  
**5021 E COLUMBUS DR  
TAMPA, FL 33619 US**

Mailing Address  
**2608 51ST STREET NORTH  
TAMPA, FL 33619**



02072005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3098553</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
----------------------------------	--

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**BROCATO, JOSEPH  
2608 51ST ST.  
TAMPA, FL 33619**

**DO NOT WRITE  
IN THIS SPACE**

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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BROCATO, JOSEPH 2608 51ST STREET NORTH TAMPA, FL</b>
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD BROCATO, MICHAEL J. 932 BALSAMINA DRIVE BRANDON, FL</b>
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

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:**

*Joseph Brocato* *Joseph BROCATO - 4/19/05 813 2489977*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #