## 2004 FOR PROFIT CORPORATION
## ANNUAL REPORT

**DOCUMENT # V38509**

1. Entity Name

BELLA MONTE DELICATESSEN OF SOUTH FLORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2688 EAST ATLANTIC BLVD. POMPANO BEACH, FL 33062 | 2688 EAST ATLANTIC BLVD. POMPANO BEACH, FL 33062 |

## DO NOT WRITE IN THIS SPACE

ᴣ4UUᴣ4ᴣᴣ

01162004   No Chg-P   CR2E034 (10/03)

| 4. FEI Number 65-0336597 | Applied For |
|---|---|
| | Not Applicable |

5. Certificate of Status Desired ☐  **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MONTAGNINO, BARRY
~~2575 N.W. 29TH DRIVE~~ **3901 N.W. 25 WAY**
BOCA RATON, FL 33434

## 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, 2004 Fee will be $550.00**

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

| 10. | OFFICERS AND DIRECTORS | |
|---|---|---|
| TITLE | D | |
| NAME | MONTAGNINO, BARRY | |
| STREET ADDRESS | 3901 NW 25TH WAY | |
| CITY-ST-ZIP | BOCA RATON, FL 33434 | |
| 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 | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

## DO NOT WRITE IN THIS SPACE

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 _Barry Montagnino_ _1-19-04_      _954-946-0333_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #