2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # V44322

1. Entity Name
MELBOURNE DINING & PATIO, INC.

Principal Place of Business
3398 W NEW HAVEN AVE
MELBOURNE, FL 32904

Mailing Address
3398 W NEW HAVEN AVE
MELBOURNE, FL 32904

DO NOT WRITE IN THIS SPACE

FILED

04 JAN -9 PH 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01062004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3127622	Not Applicable

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

6. Name and Address of Current Registered Agent

LIBERTO, CYNTHIA M.
2565 W. NEW HAVEN AVENUE
W. MELBOURNE, FL 32904

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	LIBERTO, CYNTHIA M.
STREET ADDRESS	3398 W NEW HAVEN AVE
CITY-ST-ZIP	MELBOURNE, FL 32904

TITLE	P
NAME	LIBERTO, SALVATORE
STREET ADDRESS	3398 W NEW HAVEN AVE
CITY-ST-ZIP	MELBOURNE, FL 32904

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	

800026598058
01/09/04--01035--009 **150.00

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: *Salvatore Liberto* Pres. SALVATORE LIBERTO   1/6/04   321-725-7764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #