

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 611371

**FILED**  
**Feb 11, 2015**  
**Secretary of State**  
**CC2722861823**

**Entity Name:** BOBBY RUBINO'S PLACE FOR RIBS OF POMPANO, INC.

**Current Principal Place of Business:**

2501 N. FEDERAL HWY  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

1990 E. SUNRISE BLVD.  
FLOOR # 2  
FORT LAUDERDALE, FL 33304 US

**FEI Number:** 59-1899312

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STUART ENGSTROM  
1990 E. SUNRISE BLVD.  
FT. LAUDERDALE, FL 33304 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name CASTELLANO, JOSEPH  
Address 1990 E. SUNRISE BLVD  
FLOOR # 2  
City-State-Zip: FORT LAUDERDALE FL 33304

Title VP  
Name THE PAUL CASTELLANO FAMILY  
IRREVOCABLE TRUST  
Address 1990 E. SUNRISE BLVD.  
FLOOR # 2  
City-State-Zip: FORT LAUDERDALE FL 33304

Title VP  
Name THE JOHN CASTELLANO FAMILY  
IRREVOCABLE TRUST  
Address 1990 E. SUNRISE BLVD.  
FLOOR # 2  
City-State-Zip: FORT LAUDERDALE FL 33304

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSEPH CASTELLANO

**PRESIDENT**

**02/11/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date