


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90047 038 ***150.00

DOCUMENT # 646782 1. Entity Name ANTONIA'S RESTAURANT, INC.	
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Principal Place of Business 615 DUVAL STREET KEY WEST, FL 33040	Mailing Address 4822 RODMAN ST NW WASHINGTON, DC 20016
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DO NOT WRITE IN THIS SPACE



03202005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1958963	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERTO, ANTONIA
 615 DUVAL ST
 KEY WEST, FL 33040

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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	P BERTO, ANTONIA 615 DUVAL ST KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, PHILLIP 615 DUVAL ST KEY WEST, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Antonia Berto Smith ANTONIA BERTO SMITH 3/30/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #