2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 646782

Entity Name: ANTONIA'S RESTAURANT, INC.

FILED May 01, 2009 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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4822 RODMAN ST NW 5185 MACARTHUR BLVD NW #700 WASHINGTON, DC 20016 WASHINGTON, DC 20016

Current Mailing Address: New Mailing Address:

4822 RODMAN ST NW 5185 MACARTHUR BLVD NW #700 WASHINGTON, DC 20016 WASHINGTON, DC 20016

FEI Number: 59-1958963 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BERTO, ANTONIA BERTO, ANTONIA A ANTONIA 615 DUVAL ST KEY WEST, FL 33040 US KEY WEST, FL 33040 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: ANTONIA BERTO 05/01/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition BERTO, ANTONIA BERTO, ANTONIA A ANTONIA Name: Name: 4822 RODMAN ST Address: 5185 MACARTHUR BLVD #700 Address: City-St-Zip: WASHINGTON, DC 20016 City-St-Zip: WASHINGTON, DC 20016

Title: Title: (X) Change () Addition () Delete Name: SMITH. PHILLIP Name: SMITH. PHILLIP M ANTONIA 822 RODMAN ST Address: 5185 MACARTHUR BLVD NW #700 Address: WASHINGTON, DC 20016 WASHINGTON, DC 20016 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANTONIA BERTO P 05/01/2009