

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90539 033 ***150.00

DOCUMENT # G03471

1. Entity Name
ANNA'S RAVIOLI AND PASTA COMPANY

Principal Place of Business

5625 4TH ST NO
 ST PETE FL 33703-2253
 US

Mailing Address

5625 4TH ST NO
 ST PETE FL 33703-2253
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2228328

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KEEGAN, LORI A
311 55TH AVE S.
SAINT PETERSBURG FL 33705

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

[Handwritten Signature]

4/23/02

9. This Corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so

(See criteria on back)

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust-Fund Contribution.

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE Delete
 NAME **PST**
 STREET ADDRESS **KEEGAN, LORI A**
 CITY-ST-ZIP **311 55TH AVE. S.**
SAINT PETERSBURG FL 33705

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

Date

(727) 522 6627

Daytime Phone #

CR2E034 (9/01)