

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90109 027 ***150.00

DOCUMENT # P03000034983 1. Entity Name IL MONDO DELL' PASTA, INC					
Principal Place of Business 1248 CORAL WAY #4 MIAMI, FL 33145			Mailing Address 1248 CORAL WAY #4 MIAMI, FL 33145		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 86-1056297	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BERNAL CAMBIAZO, MARIA EUGENIA 1248 CORAL WAY #4 MIAMI, FL 33145				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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ Signatures, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent Manual is required when printing) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMD DEITERS, ALEXANDER 1248 CORAL WAY #4 MIAMI, FL 33145	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SMD DEITERS, DANIEL 1248 CORAL WAY #4 MIAMI, FL 33145	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO BERNAL CAMBIAZO, MARIA EUGENIA 1248 CORAL WAY #4 MIAMI, FL 33145	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



C4302007 Chg-P CR2E034 (12/06)

04/30/07