

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # P04000128473
 1. Entity Name
 BUON APPETITO CAFE, INC.



Principal Place of Business
 1125 SE 22ND STREET
 CAPE CORAL, FL 33990

Mailing Address
 1125 SE 22ND STREET
 CAPE CORAL, FL 33990

DO NOT WRITE IN THIS SPACE



01122008 No Chg-P CR2E034 (11/05)

4. FEI Number
 61-1475969 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CERVASIO, ALESSANDRO
 1125 SE 22ND STREET
 CAPE CORAL, FL 33990

DO NOT WRITE IN THIS SPACE

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	PD ERMMARINO, GABRIEL JR 1520 SW 53RD LANE CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CERVASIO, ALESSANDRO 1125 SE 22ND STREET CAPE CORAL, FL 33990
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 01/25/08-80027-013 150.00

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: *Alessandro Cervasio* Alessandro Cervasio 239-433-0117
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #