

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000068524

FILED
Jun 07, 2006
Secretary of State

Entity Name: LUPAVINI, INC.

Current Principal Place of Business:

19911 BLUFF OAK BLVD
TAMPA, FL 33647

New Principal Place of Business:

15463 N DALE MABRY HWY
TAMPA, FL 33618 US

Current Mailing Address:

19911 BLUFF OAK BLVD
TAMPA, FL 33647

New Mailing Address:

15463 N DALE MABRY HWY
TAMPA, FL 33618 US

FEI Number: 20-2887979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEBARI, THOMAS J ESQ
5116 S LAKELAND DR
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

COLANDREA, NICOLA
19911 BLUFF OAK BLVD
TAMPA, FL 33647 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: NICOLA COLANDREA

06/07/2006

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:

Title: DP () Delete
Name: COLANDREA, NICOLA
Address: % 19911 BLUFF OAK BLVD
City-St-Zip: TAMPA, FL 33647

Title: DST () Delete
Name: COLANDREA, PAOLO
Address: % 19911 BLUFF OAK BLVD
City-St-Zip: TAMPA, FL 33647

Title: DV () Delete
Name: COLANDREA, VINCENZO
Address: % 19911 BLUFF OAK BLVD
City-St-Zip: TAMPA, FL 33647

Title: DV () Delete
Name: COPPOLA, LUIGI A
Address: % 19911 BLUFF OAK BLVD
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: NICOLA COLANDREA

DP

06/07/2006

Electronic Signature of Signing Officer or Director

Date