
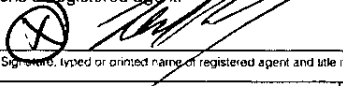



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90028 049 ***150.00

DOCUMENT # P07000027037			
1. Entity Name BIANCA'S RISTORANTE, INC			
Principal Place of Business 16251 N CLEVELAND AVE N FT MYERS, FL 33903 US		Mailing Address 532 SOFT SHADOW LANE DEBARY, FL 32713 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 618 109th Avenue N	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Naples, FL 34108	
Zip		Zip 34108	
Country		Country USA	
4. FEI Number 20-8548318		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ESPOSITO, WILLIAM A 532 SOFT SHADOW LANE DEBARY, FL 32713		Name WILLIAM A. ESPOSITO Street Address (P.O. Box Number is Not Acceptable) 618 109th Avenue N City Naples FL Zip Code 34108	
8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 1/16/08	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P ESPOSITO, WILLIAM A 532 SOFT SHADOW LANE DEBARY, FL 32713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 618 109th Avenue N Naples, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ESPOSITO, STACEY C 532 SOFT SHADOW LANE DEBARY, FL 32713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 618 109th Avenue N Naples, FL 34108
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 		DATE 1/16/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

From...
40013076



01162008 Chg-P CR2E034 (12/06)