


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 -08:00 AM
Secretary of State

DOCUMENT # P97000025903
 1. Entity Name
 BAMBINO PIZZA & PASTA, INC.



Principal Place of Business Mailing Address
 2028 BAYSHORE BLVD. POST OFFICE BOX 1213
 DUNEDIN, FL 34698 PALM HARBOR, FL 34652



02142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3434706	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent
 CORRERA, PATRICIA
 2028 BAYSHORE BLVD.
 DUNEDIN, FL 34698

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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	P CORREA, PATRICIA G 2028 BAYSHORE BLVD. DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CORREA, LUCIO E 2028 BAYSHORE BLVD. DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000441732
 03/03/06-80048-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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: Patricia G. Correa President 2/14/06 727-733-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #