


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

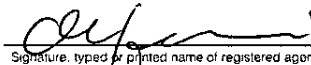
FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90049 044 ***150.00

DOCUMENT # P90000040468			
1. Entity Name ITALIAN PAVILION, ICP, INC.			
Principal Place of Business ITALIAN PAVILION ICC 480 TAMPA FL 33619		Mailing Address 6302 E. MLK BLVD. TAMPA FL 33619	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 59-3600675		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WEINSTEIN, IRA 3902 HENDERSON BLVD., STE. 200 TAMPA FL 33629		7. Name and Address of New Registered Agent Name: Alfonso Rossi Street Address (P.O. Box Number is Not Acceptable): 12920 Castelnaine Dr. City: Tampa FL Zip Code: 33626	
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: 		DATE: 2-11-04	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	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: D	<input type="checkbox"/> Delete	TITLE: ROSSI ALFONSO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ROSSI, ALFONSO		NAME: ROSSI ALFONSO	
STREET ADDRESS: 12009 TUSCANY BAY APT 202		STREET ADDRESS: 12920 CASTELNAINE DR	
CITY-ST-ZIP: TAMPA FL 33626		CITY-ST-ZIP: TAMPA, FLA 33626	
TITLE: PST	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ROSSI, EDVIGE		NAME:	
STREET ADDRESS: ITALIAN PAVILION ICC, #480		STREET ADDRESS:	
CITY-ST-ZIP: TAMPA FL 33619		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **ALFONSO ROSSI** 2-11-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #