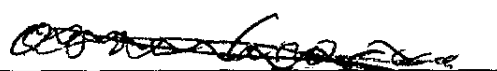
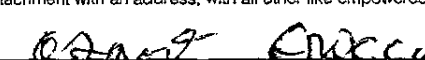


FILED
Apr 14, 2004 08:00 AM ...
Secretary of State

DOCUMENT # S73754 1. Entity Name CALABRISELLA ORIGINAL ITALIAN FOOD, INC.				Secretary of State		
Principal Place of Business 3850 S.O.B.T. KISSIMMEE, FL 34746		Mailing Address 2312 KELLIE ANN CT. KISSIMMEE, FL 34741 US				
DO NOT WRITE IN THIS SPACE						
		03192004 No Chg-P CR2E034 (10/03)				
		4. FEI Number 59-3084328		Applied For Not Applicable		
		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GROCCIA, ALBERT 2312 KELLIE ANN COURT KISSIMMEE, FL 34741		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees		
				U000000112344 04/14/04-80019-006 150.00		
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP GROCCIA, ALBERT 2312 KELLIE ANN CT. KISSIMMEE, FL 34741					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GROCCIA, ASSUNTA 2312 KELLIE ANN CT. KISSIMMEE, FL					
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						
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: 		4-10-04 407-870-8735				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #				