

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90006 014 \*\*\*150.00

<b>DOCUMENT # S50498</b>	
1. Entity Name <b>ALFONSO'S PIZZA AND PASTA INCORPORATED</b>	



Principal Place of Business <b>980 SW BAYSHORE BLVD PORT ST. LUCIE, FL 34983</b>	Mailing Address <b>1801 ENFIELD AVE PORT SAINT LUCIE, FL 34952</b>
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2. Principal Place of Business <b>1564 Floresta Drive</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Port St. Lucie, FL</b>	City & State
Zip <b>34983</b>	Country <b>USA</b>

02202006 Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0274986</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BALZANO, CARMELA 1801 ENFIELD AVE PORT SAINT LUCIE, FL 34952</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City <b>FL</b> Zip Code	

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 _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BALZANO, CARMELA 1801 ENFIELD AVE PORT ST. LUCIE, FL</b> <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	<b>D BALZANO, ALFONSO 1801 ENFIELD AVE PORT ST. LUCIE, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Carmela Balzano</u>	Date <u>2/20/06</u>	Daytime Phone # _____
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