2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 AM Secretary of State

ANNUAL REPORT			_	CC			
DOCUMENT # F71171 1. Entity Name THE ORIGINAL PASTA FACTORY COMPANY				56	ecretary	oi Sta	
5725 SW 8TH ST. 5	alling Address 725 SW 8TH ST. IAMI, FL 33144						
DO NOT WRITE IN THIS SPA		CE	01042007 4. FEI Numb 59-217	No Chg-P	CR2E034 (11/	Applied For Not Applicable Additional	
6. Name and Address of Current Registered Agent MARMISH, PAUL M. 3390 KAPOT TERRACE MIRAMAR, FL 33205				NOT WI			
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 reinsteing) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution			.00 May Be led to Fees	000000 05/15/07-	741028 80013-014	15000	
10. OFFICERS AND DIRECT ITLE PASSET ADDRESS 13860 SW 18 ST. MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TORS						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				NOT WI			

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 appears, with all other like empowered.

SIGNATURES

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

CARMEN SANDERS

4/27/07

305-261-389

Daytme Phone #