2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # F9400001400

1. Entity Name
PASTA BOWL INTERNATIONAL, INC.



Principal Place of Business

201 W. FIRST ST. SANFORD, FL 32771 Mailing Address

201 W. FIRST ST. SANFORD, FL 32771

FILED May 03, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01052004 No Cha-P CR2E034 (10/03)

4. FEi Number 59-3219412 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Dayon e Phone #

6. Name and Address of Current Registered Agent

NELSON, LARRY W 201 WEST FIRST STREET SANFORD, FL 32771

SIGNATURE:

DO NOT WRITE IN THIS SPACE

			<u> </u>			
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 NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	OTORS			·	
TIBLE NAME STREET ADDRESS CITY+ST-ZIP	PD PAULUCCI, JENO F 201 W. FIRST ST. SANFORD, FL 32771			800000150978 05/04/04-80027-014 150.00		
TITLE NAME STREET ADDRESS CITY ST-ZIP	VD NELSON, LARRY W 201 W. FIRST ST. SANFORD, FL 32771				05/04/04-80027-014 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAULUCCI, LOIS M 201 W. FIRST ST. SANFORD, FL 32771			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
THEE NAME STREET ADDRESS CHY-ST-ZIP						
12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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.						