


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F96000002347</b> 1. Entity Name <b>BRAVO PASTA, INCORPORATED</b>	
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Principal Place of Business <b>424 ENGLEWOOD ROAD MIDDLESBORO, KY 40965</b>	Mailing Address <b>424 ENGLEWOOD ROAD MIDDLESBORO, KY 40965</b>
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**DO NOT WRITE IN THIS SPACE**



02082007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>61-1277103</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SNYDER, TODD H 5120 N PALAFOX ST. PENSACOLA, FL 32505</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00</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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SMITH III, KIRBY 424 ENGLEWOOD RD MIDDLESBORO, KY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SMITH IV, KIRBY NORTH CROSS VILLAGE #170 PENSACOLA, FL 32415
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SMITH, DONNA 424 ENGLEWOOD RD MIDDLESBORO, KY
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**DO NOT WRITE  
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02/27/07-80024-024 150.00

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:** *Kirby Smith III* **KIRBY SMITH III** 2/12/07 606-248-2701  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #