


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-04-2006 90043 042 ***150.00

DOCUMENT # J94682
 1. Entity Name
FOUR STAR RAVIOLI AND DELI, INC.



Principal Place of Business Mailing Address
 2143-45 N. STATE RD 7 2143-45 N. STATE RD 7
 MARGATE, FL 33063 US MARGATE, FL 33063 US

66010252



2. Principal Place of Business 3. Mailing Address
 10786 Wiles Road 10786 Wiles Road
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01202006 Chg-P CR2E034 (11/05)

City & State City & State
 Coral Springs Coral Springs
 Zip Zip Country Country
 33076 33076

4. FEI Number Applied For
 65-0008138 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PAPPALARDO, JOSEPH A
 2522 N. STATE RD 7
 POMPANO BEACH, FL 33063

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BILLISI, GIACOMO	2143-45 N. STATE ROAD 7	MARGATE, FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		7810 NW 70th Avenue	Parkland FL 33067	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vice President	Vincent Billisi	10786 WILES ROAD	CORAL SPRINGS, FL 33076	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Vincent Billisi Pres. 4-10-06 954-752-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #