

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

INCORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
CORPORATION DIVISION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY - 1 PH 1:33

DOCUMENT # K93413 (8)

FERRARO'S ITALIAN PASTRY, INC.

The Registered Agent's Name and Address: **860 NORTH FEDERAL HIGHWAY POMPANO BEACH FL 33062 US**
 Mailing Address: **860 NORTH FEDERAL HIGHWAY POMPANO BEACH FL 33062 US**

2. Filing Date: **21**
 2a. Mailing Address: **26**
 2b. State: **27**
 2c. City: **28**
 2d. Zip: **29**
 2e. Country: **30**

3. Date of Incorporation: **06/05/1989**
 3a. Date of Last Fiscal: **07/25/1994**
 4. EIN Number: **59-2560839**
 5. Certificate of Incorporation: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
 8. This corporation has adopted the optional tax election under 511(b)(2):

9. Name and Address of Current Registered Agent

**FERRARO, MARIE
860 NORTH FEDERAL HIGHWAY
POMPANO BEACH FL 33062**

10. Name and Address of New Registered Agent

81. Name:
 82. Street Address (P.O. Box Number, if Applicable):
 83. City:
 84. State: **FL** 85. Zip Code:

11. I, the undersigned, the president of Ferraro's Italian Pastry, Inc., and the 7508 Florida Statutes, the above named corporation submit this statement for the purpose of changing the registered office of the corporation to the address of the Florida Department of State as authorized by the corporation's board of directors, officers, or the appointment of registered agent. I am the duly authorized representative of the corporation as herein stated. I hereby declare:

SIGNATURE: *Marie Ferraro*

4/24/95

12. OFFICERS (SEE APPROPRIATE CODES)

NAME	D / PRES FERRARO, JOHN
ADDRESS	860 NORTH FEDERAL HIGHWAY POMPANO BEACH FL
NAME	D / SEC / TREAS FERRARO, MARIE
ADDRESS	860 NORTH FEDERAL HIGHWAY POMPANO BEACH FL
NAME	
ADDRESS	
NAME	
ADDRESS	
NAME	
ADDRESS	
NAME	
ADDRESS	
NAME	
ADDRESS	
NAME	
ADDRESS	
NAME	
ADDRESS	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (SEE APPROPRIATE CODES)

NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

REMITTED BY MAY 1

SIGNATURE: *Marie Ferraro*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95 305 782-3331
 PA 4/31/88