

FILED  
Apr 12, 2004 8:00 am  
Secretary of State

04-12-2004 90300 045 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # K93984**

1. Entity Name  
**BALDINI'S TORTELLINIS, INC.**



Principal Place of Business  
**3491 SE FAIRWAY W  
STUART, FL 34997**

Mailing Address  
**3491 SE FAIRWAY W  
560 SW BAY POINTE CIRCLE  
STUART, FL 34997**

**94049106**



2. Principal Place of Business

3. Mailing Address  
**3491 SE FAIRWAY W**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212004 Chg-P CR2E034 (10/03)

City & State

City & State  
**STUART, FL**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
☐ Not Applicable

Zip Country

Zip Country  
**34997 US**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BALDINI, ANTHONY A.  
560 SW BAY POINTE CIRCLE  
PALM CITY, FL 34990**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**3491 SE FAIRWAY W**

City **STUART**

**FL**

Zip Code  
**34997**

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 NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete  
NAME **BALDINI, ANTHONY A.**  
STREET ADDRESS **3491 SE FAIRWAY W**  
CITY-ST-ZIP **STUART, FL 349976031**

TITLE VS ☐ Delete  
NAME **BALDINI, KAY S.**  
STREET ADDRESS **3491 SE FAIRWAY W**  
CITY-ST-ZIP **STUART, FL 349976031**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Anthony A. Baldini*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/04