## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # L02891

1. Entity Name CILLUFFO'S PIZZA & PASTA, INC.



FILED Feb 25, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

6060 SW 18TH

BOCA RATON, FL 33433

6060 SW 18TH BOCA RATON, FL 33433



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 02182008
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number 65-0136455
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IANNELLI, RICHARD JR. 23337 WATER CIRCLE BOCA RATON, FL 33486

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the prions of registered agent.	urpose of changing its registered o	ffice or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered Age	ni signatus	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 By 1, 2008 Fee will be \$550.00			\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IANNELLI, RICHARD JR. 23337 WATER CIRCLE BOCA RATON, FL 33486				•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V IANNELLI, RICHARD SR. SS 1022 JEFFREY STREET BOCA RATON, FL 33487			800000837868 03/05/08-80008-012 150.00		
TITLE NAME STREET ADDRESS CRY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY- ST-ZIP			IN THIS SPACE			
TITLE						

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 accurate another like empowered.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

HONATURE AND TYPES OF PRINTED VIDEO OF SECRING OFFICER OR DIRECTOR

2/17/0

561-391- 8388

Daytime Phone #