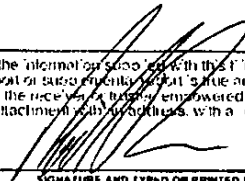


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

03-25-2005 90041 010 ***150.00

DOCUMENT # L47386					
1. Entity Name PICA'S ITALIAN DELI, INC.					
Principal Place of Business 12326 S. CLEVELAND AVE FT MYERS, FL 33907 US			Mailing Address 12326 S. CLEVELAND AVE FT MYERS, FL 33907 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FCI Number 65-0171882			Appointed For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PICA, MARIO 12326 S. CLEVELAND AVE FT MYERS, FL 33907			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Accepted)		
City			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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11)		
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	PICA, MARIO V	NAME			
STREET ADDRESS	6224 EMERALD PINES GR	STREET ADDRESS			
CITY ST ZIP	FT MYERS, FL 33912	CITY ST ZIP			
TITLE	SD ☒ Delete	TITLE	☐ Change ☐ Addition		
NAME	PICA, LINA	NAME			
STREET ADDRESS	1801 BRANTLEY RD #1512	STREET ADDRESS			
CITY ST ZIP	FORT MYERS, FL 33907	CITY ST ZIP			
TITLE	VB ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	Michael Pica	NAME			
STREET ADDRESS	16268 Kelly Woods Dr.	STREET ADDRESS			
CITY ST ZIP	Fort Myers, FL, 33908	CITY ST ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY ST ZIP		CITY ST ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY ST ZIP		CITY ST ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY ST ZIP		CITY ST ZIP			
12. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this report or statement 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 person or persons 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 my address, with a "other" like empowered.					
SIGNATURE:  - Michael Pica 4/15/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					