2008 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2008 08:00 AN Secretary of State DOCUMENT # P00000098270 1. Entity Name PASTA EXPRESS COMPANY Principal Place of Business Mailing Address 5725 SW 8TH ST. 5725 SW 8TH ST. MIAMI, FL 33144 MIAMI, FL 33144 No Chg-P CR2E034 (11/05) 01032008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0643413 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MARMISH, PAUL M ESQ DO NOT WRITE 3390 KAPOT TERRACE MIRAMAR, FL 33025 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 U00000944503 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME SANDERS, FERNANDO STREET ADDRESS 5725 SW 8TH ST. CITY-ST-ZIP MIAMI, FL 33144 TITLE SANDERS, LEONARD NAME 5725 SW 8TH ST. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33144 TITLE SANDERS, RICHARD J JR NAME 5725 SW 8TH ST. STREET ADDRESS DO:NOT WRITE MIAMI, FL 33144 CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 reference 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 putter like empowered.

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP

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