


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000001218 1. Entity Name BELLA CUCINA ITALIAN BUFFET, INC.	
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Principal Place of Business 3811 KENNY DRIVE SARASOTA, FL 34232	Mailing Address 3811 KENNY DRIVE SARASOTA, FL 34232
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ELLIS, RANDALL 3811 KENNY DR. SARASOTA, FL 34232	DO NOT WRITE IN THIS SPACE
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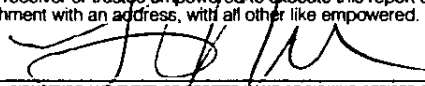
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ELLIS, RANDALL S 4036 WACIKIKI DRIVE SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MEDICO, JOHN C 8453 KAYWOOD ROAD SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>B 9/21</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 address, with all other like empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

FILED
07 SEP 19 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07162007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1078239	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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400109880914
09/25/07--01019--010 **300.00

**DO NOT WRITE
IN THIS SPACE**