2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000012073

1. Entity Name
TWIN BROTHERS PIZZA & PASTA, INC.

Principal Place of Business	Mailing Address
1312 SEVEN SPRINGS BLVD. NEW PORT RICHEY, FL 34655	12402 TWIN BRANCH ACRES RD. TAMPA, FL 33626

2. Principal Place of Business	3. Mailing Address
	1312 SEVEN SPRINGS BLVD

04262005   Chg-P   CR2E034 (10/03)

Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
	NEW PORT RICHEY, FL

4. FEI Number 59-3709137   Applied For / Not Applicable

Zip	Country	Zip	Country
		34655	

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
VERILO, FABIO 1312 SEVEN SPRINGS BLVD. NEW PORT RICHEY, FL 34655	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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_____

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, 2005 Fee will be $550.00

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 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VERILO, FABIO 7209 OCONTO DRIVE NEW PORT RICHEY, FL 34655	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1312 SEVEN SPRINGS BLVD NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VERIILO, PIERLUIGI 7205 OCONTO DRIVE NEW PORT RICHEY, FL 34655	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1312 SEVEN SPRINGS BLVD NEW PORT RICHEY, FL34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _Pierluigi Verilo_   04-28-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #