


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2008 08:00 A
Secretary of State

DOCUMENT # P01000068069		
1. Entity Name ALLA SCALA, INC.		
Principal Place of Business 155 OCEAN LANE DR #210 KEY BISCAVNE, FL 33149		Mailing Address 155 OCEAN LANE DR #210 KEY BISCAVNE, FL 33149
DO NOT WRITE IN THIS SPACE		
		 01242008 No Chg-P CR2E034 (11/05)
		4. FEI Number 65-1119725
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
GIACHINO, MONICA 155 OCEAN LANE DRIVE, #210 KEY BISCAVNE, FL 33149		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIACHINO, MONICA 155 OCEAN LANE DRIVE, #210 KEY BISCAVNE, FL 33149	 000000825397 02/21/08-80007-019 150.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GIACHINO, PIERO 155 OCEAN LANE DR #210 KEY BISCAVNE, FL 33149	
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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		2-6-08 305 3612040 Date Daytime Phone #