


# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P01000112908</b> 1. Entity Name <b>BIANCA PIZZA &amp; PASTA, INC.</b>					
Principal Place of Business <b>2790-4 WEST TENNESSEE STREET TALLAHASSEE, FL 32304</b>			Mailing Address <b>2790-4 WEST TENNESSEE STREET TALLAHASSEE, FL 32304</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		4. FEI Number <b>59-3758522</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				05032007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>EGRI, HAKAN M MR 3012 NORTH FULMER CIRCLE TALLAHASSEE, FL 32303</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EGRI, MEVLUT HAKAN</b> <b>3012 NORTH FULMER CIRCLE</b> <b>TALLAHASSEE, FL 32303</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000103892860</b> <b>06/05/07--01010--006 **61.25</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>TURDAG, TANSU</b> <b>3012 N FULMER CIRCLE</b> <b>TALLAHASSEE, FL 32303</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O</b> <b>OZBARBACON, SELLIM</b> <b>3012 N FULMER CIRCLE</b> <b>TALLAHASSEE, FL 32303</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Ozbabacan, Selim</b> <b>3012 N Fulmer Circle</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>B 5/24/07</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

**FILED**  
**07 MAY 16 PM 1:02**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

