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Secretary of State

03-12-2007 90107 037 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000118107

1. Entity Name
AMICI PIZZA & DELI, INC.

Principal Place of Business	Mailing Address
26252 S.R. 54 LUTZ, FL 33559	26252 S.R. 54 LUTZ, FL 33559

02212007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3754263 ☐ Applied For ☐ Not Applicable

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
MANNINO, JOSEPHINE ~~8503 SIAMANO CT.~~ ~~NEW PORT RICHEY, FL 34653~~	Name Street Address (P.O. Box Number is Not Acceptable) 1858 EL PARDO City TRINITY FL Zip Code 34655

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 Josephine Mannino 3-8-07
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, 2007 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 MANNINO, VINCENT ~~8503 SIAMANG CT~~ ~~NEW PORT RICHEY, FL 34653~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1857 NASHVILLE DR. WESLEY CHAPEL, FL. 53543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MANNINO, RICK 10639 DEERBERRY DR ~~L.L.L.RT.RICHEY, FL 34638~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition LAND O'LAKES, FL. 34638
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTINEZ, ANGELA ~~8385 BASIMCK CT~~ N.P.R, FL 34653	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 8305 BASALISK CT.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition PRES. JOSEPHINE MANNINO 1358 EL. PARDO TRINITY, FL. 34655
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 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: Josephine Mannino 3-27-07 (813) 973-9734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #