

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90169 026 ***150.00

DOCUMENT # P02000042067 1. Entity Name PASTA RAPIDO, INC.			
Principal Place of Business 5950 HAZEINE NARTIONAL DR., STE 290 ORLANDO, FL 32822		Mailing Address 20 N ORANGE AVE., STE 407 ORLANDO, FL 32801	
2. Principal Place of Business 5950 HAZELTINE NATIONAL DR Suite, Apt #, etc STE 290 City & State ORLANDO, FL Zip 32822 Country USA		3. Mailing Address Suite, Apt #, etc Suite 600 City & State Zip Country 	
4. FEI Number 04-3648224		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENDRY, STONER, DELANCETT & BROWN, P A 20 N. ORANGE AVENUE SUITE 600 ORLANDO, FL 32801		7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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	PD ☐ Delete HARLE, ALFRED 5950 HAZEINE NARTIONAL DR . STE 290 ORLANDO, FL 32822	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS ☐ Delete SCHMIDT, MANFRED 5950 HAZEINE NARTIONAL DR . STE 290 ORLANDO, FL 32822	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
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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: 		Date 04-05-05	

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