2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# P02000057091

Entity Name: CAPRI PIZZA & PASTA, INC.,

Current Principal Place of Business:

12402 TWIN BRANCH ACRES RD
TAMPA, FL 33626

New Principal Place of Business:

19265 N DALE MABRY HWY
LUTZ, FL 33548

Current Mailing Address:

12402 TWIN BRANCH ACRES RD
TAMPA, FL 33626

New Mailing Address:

19265 N DALE MABRY HWY
LUTZ, FL 33548

FEI Number: 41-2045219 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VERILO, PAOLO
12402 TWIN BRANCH ACRES RD
TAMPA, FL 33626

Name and Address of New Registered Agent:

VERILO, FLORIANA
19265 N DALE MABRY HWY
LUTZ, FL 33548

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.

SIGNATURE: FLORIANA VERILO 04/28/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: VERILO, PAOLO
Address: 12402 TWIN BRANCH ACRES RD
City-St-Zip: TAMPA, FL 33626

Title: V ( ) Delete
Name: VERILO, FLORANA
Address: 12402 TWIN BRANCH ACRES RD
City-St-Zip: TAMPA, FL 33626

Title: V ( ) Delete
Name: VERILO, ANTONIO
Address: 12402 TWIN BRANCH ACRES RD
City-St-Zip: TAMPA, FL 33626

Title: S ( ) Delete
Name: VERILO, LAURA
Address: 12402 TWIN BRANCH ACRES RD
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLORIANA VERILO V 04/28/2004
Electronic Signature of Signing Officer or Director Date