

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000090374

1. Entity Name
VINO E PASTA, INC.



FILED

05 APR 18 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3603 W GRADY BLVD
TAMPA, FL 33611

Mailing Address
3603 W GRADY BLVD
TAMPA, FL 33611



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03312005

Chg-P

CR2E034 (10/03)

4. FEI Number
55-0794566

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIOLITO, SPARTACO
3215 SOUTH MACDILL AVENUE
SUITE B
TAMPA, FL 33629

7. Name and Address of New Registered Agent

Name **EUGENIO ZAMORA**
Street Address (P.O. Box Number is Not Acceptable)
3606 W GRADY BLVD
City **TAMPA** FL Zip Code **33611**

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

E. H. G. G. G. G.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME GIOLITO, SPARTACO
STREET ADDRESS 3215 S. MACDILL AVENUE, SUITE B
CITY - ST - ZIP TAMPA, FL 33629

TITLE D ☐ Delete
NAME ZANORD, EUCENIO
STREET ADDRESS 10506 PATHVIEW PLACE
CITY - ST - ZIP TAMPA, FL 33624

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP
200054016582
05/06/05--01069--012 **61.25

TITLE ☒ Change ☐ Addition
NAME ZAMORA, EUGENIO
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☒ Addition
NAME ZAMORA, CARLOS E.
STREET ADDRESS 11630 PURPLE LILAC CIRCLE
CITY - ST - ZIP ORLANDO FL 32837

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

E. H. G. G. G. G.

EUGENIO ZAMORA

813-902-8466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #