

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000020041

FILED  
Apr 13, 2011  
Secretary of State

**Entity Name:** GOOD FELLA'S PIZZARIA AND WINGS, INC.

**Current Principal Place of Business:**

4705 GULF BLVD,  
ST. PETE BEACH, FL 33706

**New Principal Place of Business:**

9100 ML KING ST. N.  
# 905  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

4705 GULF BLVD,  
ST. PETE BEACH, FL 33706

**New Mailing Address:**

9100 ML KING ST. N.  
# 905  
ST. PETERSBURG, FL 33702

**FEI Number:** 41-2123668

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCAMARDELLA, PATRICIA  
1901 OYSTER CATCHER LANE  
CLEARWATER, FL 33762 US

**Name and Address of New Registered Agent:**

SCAMARDELLA, PATRICIA  
C/O TABS 7601 ML KING ST. N.  
STE. B  
ST. PETERSBURG,, FL 33702 US

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: PATRICIA SCAMARDELLA

04/13/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SCOTTO DI-PERTA, JOANNA  
Address: 9100 ML KING ST. N. APT.#905  
City-St-Zip: ST. PETERSBURG, FL 33702

Title: VTD  
Name: SCAMARDELLA, PATRICIA  
Address: C/O TABS 7601 ML KING ST. N. STE B  
City-St-Zip: ST. PETERSBURG, FL 33702 US

I hereby 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 all other like empowered.

SIGNATURE: JOANNA SCOTTO-DIPERTA

PRES

04/13/2011

Electronic Signature of Signing Officer or Director

Date