2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000040993

Title:

Name:

Address:

City-St-Zip:

() Delete

FILED Apr 12, 2005 Secretary of State

Entity Name: BUONGIORNO PIZZA AND PASTA, INC.	_
Current Principal Place of Business: 4379 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33410	New Principal Place of Business:
Current Mailing Address:	New Mailing Address:
4379 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33410	
FEI Number: 20-0837047 FEI Number Applied For () FEI Num	nber Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
SHALA, ADRIAN 4379 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33410 US	SHALA, ADRIAN 6650 ALISO AVENUE WEST PALM BEACH, FL 33413 US
The above named entity submits this statement for the purpose o in the State of Florida.	f changing its registered office or registered agent, or both,
SIGNATURE:	04/12/2005
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: D () Delete Name: SHALA, ADRIAN Address: 310 LINDA LANE City-St-Zip: WEST PALM BEACH, FL 33405	Title: P/D (X) Change () Addition Name: SHALA, ADRIAN Address: 6650 ALISO AVENUE City-St-Zip: WEST PALM BEACH, FL 33413
Title: () Delete Name: Address: City-St-Zip:	Title: V () Change (X) Addition Name: MAHMUTI, NYSRET Address: 2802 SARENTO PL # 202 City-St-Zip: PALM BEACH GARDENS, FL 33410

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ADRIAN SHALA P 04/12/2005

() Change (X) Addition

BURHAN, SHEHU

JUPITER, FL 33458

875 UNIVERSITY BLVD # 203