

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000040993

FILED  
Apr 16, 2009  
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:**

4379 NORTHLAKE BLVD.  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

**FEI Number:** 20-0837047

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHALA, ADRIAN  
6650 ALISO AVENUE  
WEST PALM BEACH, FL 33413 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: SHALA, ADRIAN  
Address: 6650 ALISO AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33413

Title: V ( ) Delete  
Name: MAHMUTI, NYSRET  
Address: 2802 SARENTO PL # 202  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: T ( ) Delete  
Name: BURHAN, SHEHU  
Address: 134 REDWOOD DR  
City-St-Zip: JUPITER, FL 33458

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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:** ADRIAN SHALA

P/D

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date