2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000128473

Entity Name

BUON APPETITO CAFE, INC.



FILED Jan 24, 2008 08:00 A Secretary of State

Principal Place of Business 1125 SE 22ND STREET CAPE CORAL, FL 33990 Mailing Address

1125 SE 22ND STREET Cape Coral, Fl. 33990



DO NOT WRITE IN THIS SPACE

01122008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 61-1475969 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CERVASIO, ALESSANDRO 1125 SE 22ND STREET CAPE CORAL, FL 33990

DO NOT WRITE IN THIS SPACE

8. The above the obliga-	e named entity submits this statement for the p tions of registered agent.	ourpose of changing its regi	istered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	il applicable. (NOTE, Reg	gistered Agent signature required when reinstating)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign F Trust Fund Contribut	Financing \$5.00 May Be	
10.	OFFICERS AND DIREC	CTORS	THE COMPANY OF CASE	THE WASHINGTON THE WASHINGTON OF
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD ERMMARINO, GABRIEL JR 1520 SW 53RD LANE CAPE CORAL, FL 33914			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CERVASIO, ALESSANDRO 1125 SE 22ND STREET CAPE CORAL, FL 33990			U00000793906 01725708-80027-013 150:00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			- DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY: S1-ZIP				THIS SPACE
TITLE NAME STREET ADDRESS CITY-S1-ZIP				

12. I hereby certify that the information adoptied with this filing does not qualify for the exemptions contained 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 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 of 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 an other like empowered.

Alessandro Cervasio

SIGNATURE: 4

TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

1-18-08

239-433-0117

Daytime Phone #