2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 08:00 A Secretary of State

| ANNUAL NEFUNI | | | | | Secretary of St | | | |
|---|--|---|-------------------------------|-----------------------------------|------------------------------|-------------------------|---|--|
| DOCUMENT # P05000018534 1. Entity Name CRISTINA'S SUBS & DELI, INC. | | | | | 1 | Secretary | | |
| | CAMP RD | Mailing Address 564 SILVER COURSE CIR OCALA, FL 34472 | .· | | # 12/01 0/14 16/17 20/4 20/4 | | | |
| C | OO NOT WRITE I | | CE | 04172008 4. FEI Numb 20-230 | No Chg-P | CR2E034 (11/05) | pplied For ot Applicable ditional | |
| 6. Name and Address of Current Registered Agent RAGOSTA, ANGELO N 9584 MARICAMP RD OCALA, FL 34472 | | | DO NOT WRITE IN THIS SPACE | | | | | |
| 8. The above the obligat | named entity submits this statement for the ions of registered agent. Signature, typed or printed name of registered agent and bits | | ed office or regist | | oth, in the State of Flor | ida. I am familiar with | and accept | |
| FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution. | | | | 5.00 May Be ded to Fees | 0000003 05/29/08-3 | 942684 80028-024_15 | 50_00 | |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DIRE D RAGOSTA, ANGELO N 564 SILVER COURSE CIRCLE OCALA, FL 34472 | CTORS | | | , | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | NOT WI | | | |

12. I hereby certify that the information supplied 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 all tiber like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-08

352 687-198

Daytime Phone #