2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000023730

Entity Name: PADRINO'S PIZZERIA & ITALIAN RESTAURANT, INC.

FILED Apr 26, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9667 HAZEL LAKE DRIVE JACKSONVILLE, FL 32222 **Current Mailing Address: New Mailing Address:** 9667 HAZEL LAKE DRIVE JACKSONVILLE, FL 32222 FEI Number: 20-2262380 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LA ROSA, SALVATORE 9667 HAZEL LAKE DRIVE JACKSONVILLE, FL 32222 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition LA ROSA, SAL-ANTHONY LA ROSA, SAL-ANTHONY Name: Name: 9684 HAZEL LAKE DRIVE 9684 HAZEL LAKE DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32222 City-St-Zip: JACKSONVILLE, FL 32222 Title: Title: D/S (X) Change () Addition () Delete LA ROSA, SALVATORE Name: LA ROSA, SALVATORE Name: 9667 HAZEL LAKE DRIVE 9667 HAZEL LAKE DRIVE Address: Address: JACKSONVILLE, FL 32222 JACKSONVILLE, FL 32222 City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition () Delete DMP LA ROSA, ANGELA ANN LA ROSA, ANGELA ANN Name: Name: 9683 HAZEL LAKE DRIVE 9683 HAZEL LAKE DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32222 City-St-Zip: JACKSONVILLE, FL 32222

I hereby certify that the information supplied with this filing does not qualify for the 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: SALVATORE LAROSA S 04/26/2006