2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008
Secretary of State

DOCUMENT# P05000023730

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

Current Principal Place of Business:

9667 HAZEL LAKE DRIVE
JACKSONVILLE, FL 32222

New Principal Place of Business:

9680 ARGYLE FOREST BLVD
SUITE 26
JACKSONVILLE, FL 32222

Current Mailing Address:

9667 HAZEL LAKE DRIVE
JACKSONVILLE, FL 32222

New Mailing Address:

9680 ARGYLE FOREST BLVD
SUITE 26
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:

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

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

Title: D/VP ( ) Delete
Name: LA ROSA, ANGELA ANN
Address: 9683 HAZEL LAKE DRIVE
City-St-Zip: JACKSONVILLE, FL 32222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: SALVATORE D/P 01/24/2008

Electronic Signature of Signing Officer or Director — Date