2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Aug 21, 2006 8:00 am Secretary of State DOCUMENT # P05000040498 08-21-2006 90001 011 ***150.00 1. Entity Name ANDREOTTI PASTA, INC Principal Place of Business Mailing Address JUU43641 **1943 SW 8 STREET 1943 SW 8 STREET** MIAMI, FL 33135 MIAMI, FL 33135 2. Principal Place of Business 3. Mailing Address 10415 SW 154 Court Ave Sw 142 14157 Suite, Apt. #, etc. Suite, Apt. #, etc. 07182006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number 20 - 25/2280 Applied For FI Miami. Fl Miami, Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired U.S.A. 33196 33186 U.S. A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARCIA, BERTHA C Street Address (P.O. Box Number is Not Acceptable) **1943 SW 8 STREET** MIAMI, FL 33135 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and trite if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 6, 2006 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete Addition TITLE Change PROTTI, PABLO O NAME NAME 10415 SW 154 COUrt #2 3349 SW 28 TERR STREET ADDRESS STREET ADDRESS Wiami, F1 33196 CHY-S1-ZIP MIAMI, FL 33133 CITY-ST-ZIP TITLE Delete ☐ Channe -Andition FLORES, GRACIELA I NAME NAME 10415 SW 154 Court #2 3349 SW 28 TERR STREET ADDRESS STREET ADDRESS Miami, Fl 33196 CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP TITLE Delete: THLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Chance ■ Addition DIRECT ADDRESS STREET ADDRESS CHY-S1-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME ALAKAF STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 of 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 reliever or 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 attachmatic with an address, with all other like empowered. rablo SIGNATURE:

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