2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000108639

Entity Name: ARMANDO'S BELLA CUCINA, INC.

FILED Sep 01, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2513 MOODY BLVD 2513 MOODY BLVD

FLAGLER BEACH, FL 32136 FLAGLER BEACH, FL 32136 US

Current Mailing Address: New Mailing Address:

2513 MOODY BLVD 2513 MOODY BLVD

FLAGLER BEACH, FL 32136 FLAGLER BEACH, FL 32136 US

FEI Number: 55-0904074 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:

PISCITELLI, NICULANGELO
6 PONCE DELEON DR
6 PONCE DELEON DR
PALM COAST, FL 32164 US
6 PONCE DELEON DR
PALM COAST, FL 32164 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: NICOLANGELO PISCITELLI 09/01/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete

 Name:
 PISCITELLI, NICULANGELO

 Address:
 6 PONCE DE LEON DR

 City-St-Zip:
 PALM COAST, FL 32164

 Title:
 D
 () Delete

 Name:
 PISCITELLI, CHERYL

 Address:
 6 PONCE DE LEON DR

 City-St-Zip:
 PALM COAST, FL 32164

Title: D (X) Change () Addition
Name: PISCITELLI, NICOLANGELO
Address: 6 PONCE DE LEON DR
City-St-Zip: PALM COAST, FL 32164 US

Title: () Change () Addition

Name: Address: Citv-St-Zip:

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: NICOLANGELO PISCITELLI D 09/01/2006