

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000113781

**FILED**  
**Mar 07, 2009**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA RAVIOLI CO. INC.

**Current Principal Place of Business:**

P.O. BOX 244693  
BOYNTON BEACH, FL 33424

**New Principal Place of Business:**

9732 CRESCENT VIEW DR S  
BOYNTON BEACH, FL 33437

**Current Mailing Address:**

P.O. BOX 244693  
BOYNTON BEACH, FL 33424

**New Mailing Address:**

**FEI Number:** 13-4306951      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RANESE, THOMAS  
9732 CRESENT VIEW DRIVE SOUTH  
BOYNTON BEACH, FL 33437 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:** P ( ) Delete  
**Name:** RANESE, THOMAS  
**Address:** P.O. BOX 244693  
**City-St-Zip:** BOYNTON BEACH, FL 33424

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

**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:** THOMAS RANESE

PRES

03/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date