
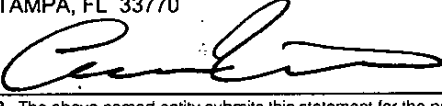
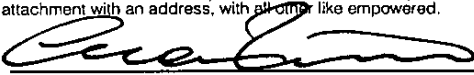


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90042 009 \*\*\*150.00

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>DOCUMENT # P05000142893</b><br>1. Entity Name<br><b>PASTA NANDA, INC.</b>   |  |   |  |    |  |
| Principal Place of Business<br><b>3070 SUNSET BLVD. BELLAIRE BLUFF<br/>TAMPA, FL 33770</b>   |  |   | Mailing Address<br><b>3070 SUNSET BLVD. BELLAIRE BLUFF<br/>TAMPA, FL 33770</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>794 S GULFVIEW BLVD</b>   |  | 3. Mailing Address<br><b>794 S GULFVIEW BLVD</b>  |  |   |  |
| Suite, Apt. #, etc.<br>  |  | Suite, Apt. #, etc.<br>   |  |   |  |
| City & State<br><b>Clearwater FL</b>   |  | City & State<br><b>Clearwater FL</b>  |  | 4. FEI Number<br><b>90-0251706</b>  |  |
| Zip<br><b>33767</b>  |  | Country<br><b>Pinellas</b>  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BURWOOD, MARIA G<br/>3070 SUNSET BLVD. BELLAIRE BLUFF<br/>TAMPA, FL 33770</b><br>   |  |   | 7. Name and Address of New Registered Agent<br>Name <b>CESARE TINI</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>794 S GULFVIEW BLVD</b><br>City <b>Clearwater</b> <b>FL</b> Zip Code <b>33767</b> |   |  |
| 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.<br>SIGNATURE <u><b>CESARE TINI</b></u> (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D <input checked="" type="checkbox"/> Delete<br><b>BURWOOD, MARIA G<br/>3070 SUNSET BLVD. BELLAIRE BLUFF<br/>TAMPA, FL 33770</b> |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D <input type="checkbox"/> Delete<br><b>TINI, SANDRA A<br/>3070 SUNSET BLVD. BELLAIRE BLUFF<br/>TAMPA, FL 33770</b>              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DIRECTOR<br/>CESARE TINI<br/>794 SOUTH GULFVIEW BLVD<br/>CLEARWATER FL 33767</b><br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 12. I hereby 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 or 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 receiver 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 attachment with an address, with all other like empowered. |  |   |  |   |  |
| SIGNATURE:    |  |   | <b>CESARE TINI DIRECTOR</b> <b>727-593-7789</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #   |   |  |