
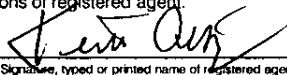
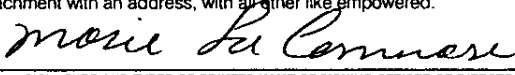


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90004 015 ***150.00

DOCUMENT # P05000144424 1. Entity Name STEFANO'S TRATTORIA, INC.					
Principal Place of Business 1025 PROVIDENCE LANE OVIEDO, FL 32765			Mailing Address 1025 PROVIDENCE LANE OVIEDO, FL 32765		
2. Principal Place of Business - No P.O. Box # 1425 TUSKAWILLA Rd			3. Mailing Address P.O. Box 62-1235		
Suite, Apt. #, etc. UNIT # 205			Suite, Apt. #, etc.		
City & State Winter Springs FLA			City & State OVIEDO FLA		
Zip 32708		Country U.S.A		Zip 32762-1235	
Country U.S.A		4. FEI Number 20-3678841			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent INTERNATIONAL MANAGEMENT & EXECUTIVE SERV. 500 NORTH MAITLAND AVENUE SUITE 215 MAITLAND, FL 32751			7. Name and Address of New Registered Agent Name KEITH ALTIZER T. COMPANY P.A. Street Address (P.O. Box Number is Not Acceptable) 431 EAST HORTON AVENUE Suite 300 City MAITLAND FL Zip Code 32751		
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  DATE 3-6-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LACOMMARE, STEFANO 1025 PROVIDENCE LANE OVIEDO, FL 32765	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LACOMMARE, MARIE 1025 PROVIDENCE LANE OVIEDO, FL 32765	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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: 			3/4/08 407-659-0101		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

40046404



03042008 Chg-P CR2E034 (12/06)