2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000144424

Entity Name: STEFANO'S TRATTORIA, INC.

FILED Feb 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1425 TUSKAWILLA RD **UNIT 205** WINTER SPRINGS, FL 32708 **New Mailing Address: Current Mailing Address:** PO BOX 62-1235 OVIEDO, FL 327621235 FEI Number: 20-3678841 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: KEITH ALTIZER J. COMPANY PA MARIE LACOMMARE 1025 PROVIDENCE LANE 431 EAST HORA AVE STE. 300 OVIEDO, FL 32765 MAITLAND, FL 32751 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: MARIE LACOMMARE 02/14/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LACOMMARE, STEFANO Name: Name: 1025 PROVIDENCE LANE Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LACOMMARE, MARIE Name: 1025 PROVIDENCE LANE Address: Address: OVIEDO, FL 32765 City-St-Zip: 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.

Ρ SIGNATURE: MARIE LACOMMARE 02/14/2009