

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000147225

1. Entity Name
DR. PASTA CORP.



Principal Place of Business
1780 WEST 68TH ST.
HAILEAH, FL 33014

Mailing Address
1780 WEST 68TH ST.
HAILEAH, FL 33014

000000040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

03102006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3734423	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CUBERO, MICHAEL
16101 SW 102ND CT.
MIAMI, FL 33157

Name *ARMANDO FERNANDEZ-Pertierra*

Street Address (P.O. Box Number is Not Acceptable)

1780 W. 68 Street

City *Haileah*

FL Zip Code *33014*

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 *Armando F. Pertierra*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

PS
CUBERO, MICHAEL
16101 SW 102 CT.
MIAMI, FL 33157

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

DP
ARMANDO Fernandez-Pertierra
1780 W. 68 Street
Haileah FL 33014

Change Addition

VT
CUBERO, WALDO
15621 SW 109 AVE.
MIAMI, FL 33157

Delete

DVS

MARIA JULIA Gonzalez
1780 W. 68 ST.
Haileah FL 33014

Change Addition

Delete

Change 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 it 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: *Armando F. Pertierra*

3/10/06 305-322-5588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ARMANDO FERNANDEZ-Pertierra, Pres.

Date

Daytime Phone #