

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Feb 19, 2008 8:00 am
Secretary of State**

02-19-2008 90024 030 ***150.00

DOCUMENT # P06000051657		
1. Entity Name MANGIA BENE RISTORANTE ITALIANO, INC.		

Principal Place of Business 9540 W. LINEBAUGH AVE THE AVENUE AT WEST CHASE TAMPA, FL 33625 US	Mailing Address 9540 W. LINEBAUGH AVE THE AVENUE AT WEST CHASE TAMPA, FL 33625 US
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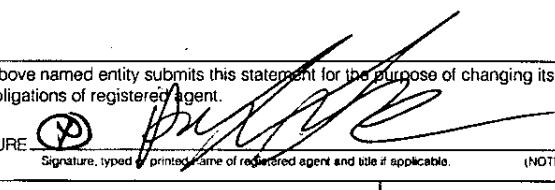
40027893

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
Zip	Country

01092008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SALVATORE, DOMENICO 506 SE 26TH TERRACE CAPE CORAL, FL 33904		Name Street Address (P.O. Box Number is Not Acceptable) 14131 STILTON STREET	
		City Tampa FL Zip Code 33626	

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: 

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

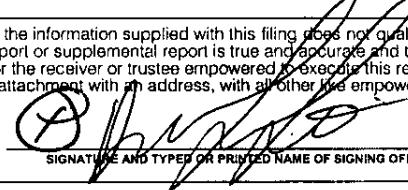
(NOTE: Registered Agent signature required when reinstating)

DATE: 2/13/08

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALVATORE, DOMENICO 506 SE 26TH TERRACE CAPE CORAL, FL 33904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14131 STILTON STREET Tampa, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. CONTINO, FRANK 6312 SEA LAVENDER LANE TAMPA, FL 33625	<input checked="" 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 line empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/08 (38) 945-4939

Date

Daytime Phone #