2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 8:00 am
Secretary of State
01-23-2008 90010 025 ***150.00

DOCUMENT # P06000066072

1. Entity Name
BELLA'S PIZZERIA, INC.

40008702

01182008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
1918 BOYSCOUT DR FORT MYERS, FL 33907	P.O. BOX 151018 CAPE CORAL, FL 33915

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	1918 Boy Scout DR. Suite, Apt. #, etc.
City & State	Ft. Myers, FLA City & State
Zip / Country	33907 / USA Zip / Country

4. FEI Number 20-4860401 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BIRNBAUM, ROBERT 2640 PEBBLE CREEK PLACE PORT CHARLOTTE, FL 33904	Name: SALUSTRIO VARGAS Street Address (P.O. Box Number is Not Acceptable): 3307 15th. Street West City: Lehigh Acres FL Zip Code: 33971

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: Salustrio Vargas. 1/18/08
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P,TR BIRNBAUM, ROBERT P.O. BOX 151018 CAPE CORAL, FL 33915	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President SALUSTRIO VARGAS 3307 15th STREET, WEST Lehigh Acres, FLA 33971	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BONOMO, MELCHIORRE 3902 SE 10TH AVENUE CAPE CORAL, FL 33904	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President JASON COX 1662 HARVARD CT. Ft. Myers, FLA 33901	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BONOMO, FRANCA 3902 SE 10TH AVENUE CAPE CORAL, FL 33904	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 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: Salustrio Vargas 1/18/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #