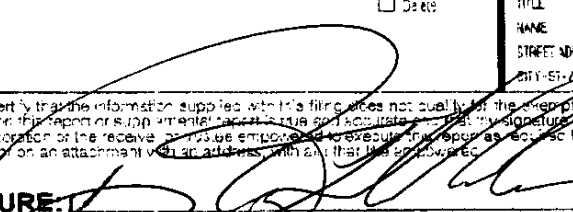


FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90025 024 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P06000098667			
1. Entry Name PIGNOLI, INC.			
Principal Place of Business 4211 SE 19TH PLACE, UNIT 1E CAPE CORAL, FL 33904		Mailing Address 4211 SE 19TH PLACE, UNIT 1E CAPE CORAL, FL 33904	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suits Apt. #, etc.		Suits Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CARDOOS, ROBERT 4211 SE 19TH PLACE, UNIT 1E CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, the filer, will, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and filer (applicable)		DATE _____ DATE Registered Agent Signature Required (When Not Filing)	
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D CARDOOS, ROBERT 4211 SE 19TH PLACE, UNIT 1E CAPE CORAL, FL 33904 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ALLSHOUSE, BARBARA 4211 SE 19TH PLACE, UNIT 1E CAPE CORAL, FL 33904 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DPT3 ALLSHOUSE, BARBARA 4211 SE 19TH PLACE UNIT 1E CAPE CORAL FL 33904 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 113, Florida Statutes. I further certify that the information and data in this report or supplement are true and accurate. I, the filer, and the registered agent, if any, shall have the same legal effect as if made under oath. That an officer or director of the corporation or the receiver or trustee be 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 and that the filer is the filer.			
SIGNATURE: 		17-11-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

New
mailing Address

5785 Cape Harbor Dr
101
Cape Coral FL 33914