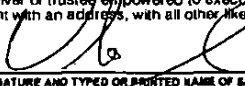


FILED
Jun 08, 2007 8:00 am
Secretary of State

05-21-2007 90057 008 ***550.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000118737			
1. Entity Name PANETTERIA CLEMENTE CORP			
Principal Place of Business 3230 44TH AVENUE - N ST PETERSBURG, FL 33714		Mailing Address 120 LEUNING STREET S. HACKENSACK, NJ 07606	
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
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		4. FEI Number 16-1774009	
8. Name and Address of Current Registered Agent SILVESTRI, ANNA 6674 TENTH AVENUE - N ST PETERSBURG, FL 33710		7. Name and Address of New Registered Agent Name DONATO Clemente Street Address (P.O. Box Number is Not Acceptable) 4001 28th Street Apt 3 City St. Petersburg FL Zip Code 33714	
6. 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 _____			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		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 CLEMENTE, DONATO 120 LEUNING STREET S. HACKENSACK, NJ 07606 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CLEMENTE, DONATO 120 LEUNING STREET S. HACKENSACK, NJ 07606 ☐ 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
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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: 		Date 5/4/07 201 488- 2161	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	