2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2009
Secretary of State

DOCUMENT# P07000122947

Entity Name: IL PARADISO CAFE CORP.

Current Principal Place of Business:

520 W. SR-436
STE. 1112
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

520 W. SR-436
STE. 1112
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 33-1196792 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
320 S. FLAMINGO ROAD
#347
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

CRUDO, VINCINT T
520 W SR 436
SUITE 1112
ALTAMONTE SPRINGS, FL 32714 US

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.

SIGNATURE: VINCINT CRUDO 04/19/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CRISTIANO, SALVATORE
Address: 520 W. SR-436, STE. 1112
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: T ( ) Delete
Name: CRUDO, VINCENT T
Address: 520 W. SR-436, STE. 1112
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: S ( ) Delete
Name: CRUDO, VINCENT T
Address: 520 W. SR-436, STE. 1112
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: D ( ) Delete
Name: CRISTIANO, SALVATORE
Address: 520 W. SR-436, STE. 1112
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: D ( ) Delete
Name: CRUDO, VINCENT T
Address: 520 W. SR-436, STE. 1112
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALVATORE CRISTIANO P 04/19/2009
Electronic Signature of Signing Officer or Director Date