

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000066811

**FILED**  
**Mar 31, 2012**  
**Secretary of State**

**Entity Name:** BUONO PASTA CORPORATION

**Current Principal Place of Business:**

767 ARTHUR GODFREY ROAD  
MAIMI BEACH, FL 33139

**New Principal Place of Business:**

767 ARTHUR GODFREY ROAD  
MAIMI BEACH, FL 33139 US

**Current Mailing Address:**

767 ARTHUR GODFREY ROAD  
MAIMI BEACH, FL 33139

**New Mailing Address:**

767 ARTHUR GODFREY ROAD  
MAIMI BEACH, FL 33139 US

**FEI Number:** 27-4521623

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEINBERG, PAUL B  
767 ARTHUR GODFREY ROAD  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MASSAGLIA, MICHELE J  
Address: 767 ARTHUR GODFREY ROAD  
City-St-Zip: MAIMI BEACH, FL 33139 US

Title: VP  
Name: POULIN, NATHALIE  
Address: 767 ARTHUR GODFREY ROAD  
City-St-Zip: MAIMI BEACH, FL 33139 US

Title: D  
Name: MARZILLI, ANTONY  
Address: 2421 LAKE PANCOAST DR  
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: D  
Name: MASSAGLIA, SIMON J  
Address: 767 ARTHUR GODFREY ROAD  
City-St-Zip: MIAMI BEACH, FL 33139 US

I hereby 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 all other like empowered.

SIGNATURE: MICHELE J MASSAGLIA

P

03/31/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date