


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000066429
 1. Entity Name
CAFE PRIMA PASTA INC.



Principal Place of Business Mailing Address
414 71ST STREET **414 71ST STREET**
MIAMI BEACH, FL 33141 **MIAMI BEACH, FL 33141**

DO NOT WRITE IN THIS SPACE



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0438505 Not Applicable

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

6. Name and Address of Current Registered Agent
CEA, GERARDO
414 71ST STREET
MIAMI BEACH, FL 33141

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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 _____ (NOTE: Registered Agent 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO CEA, GERARDO 1140 STILLWATER DRIVE MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARTURO, CEA 9250 W BAY HARBOR DR, # 2-B BAY HARBOR ISLANDS, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARLETTA, MARIA C 9250 W BAY HARBOR DR, # 2-B BAY HARBOR ISLANDS, FL 33154
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 05/22/08-80048-002 150.00

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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: _____ **04/16/2008** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #