FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000086294 (4)

1. Corporation Name

PINOCCHIO TRATTORIA, INC.

Principal Place of Business

5004 N ARMENIA AVE
TAMPA FL 33603

Mailing Address

5004 N ARMENIA AVE
TAMPA FL 33603

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/13/1993

3a. Date of Last Report: 08/04/1994

4. FEI Number: 59-3214529 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 ______
Suite, Apt. #, etc.
22 ______
City & State
23 ______
Zip 24 ______ Country 25 ______

2a. Mailing Address

26 ______
Suite, Apt. #, etc.
27 ______
City & State
28 ______
Zip 29 ______ Country 30 ______

9. Name and Address of Current Registered Agent

~~AUGELLO, ANTHONY~~
~~634 BRYAN TER DR~~
~~BRANDON FL 33511~~

10. Name and Address of New Registered Agent

81 Name: Paul Spagnuolo
82 Street Address (P.O. Box Number is Not Acceptable): 5004 N. Armenia Ave
83 Tampa
84 City — FL — 85 Zip Code: 33603

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Paul Spagnuolo Pres

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	~~AUGELLO, ANTHONY~~
STREET ADDRESS	~~634 BRYAN TER DR~~
CITY-ST-ZIP	~~BRANDON FL 33511~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	D	☒ Change ☐ Addition
1 NAME	Paul Spagnuolo	
1 STREET ADDRESS	5004 N Armenia Ave	
1 CITY-ST-ZIP	Tampa Fl 33603	
2 TITLE	P, VP, S, T	☐ Change ☒ Addition
2 NAME	Paul Spagnuolo	
2 STREET ADDRESS	5004 N Armenia Ave	
2 CITY-ST-ZIP	Tampa Fl 33603	
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paul Spagnuolo Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0090444 CP