## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 12, 2004 08:00 AM Secretary of State

				secretary of State	
DOCUMENT # P94000022959  1. Entity Name PASTA & PIZZA, INC.					
Principal Place of Business Mailing Address					
3940 METRO PKWY 703 MONTEREY AVE					
# 14 CAPE CORAL, FL 33904 FORT MYERS, FL 33916					
FORE WILERS, P.C. 33830					
4 4 4 4 4 4 <b></b>				02042004 No Chg-P CR2E034 (10/03)	
DO NOT WRITE IN THIS SPACE			ÇE	4. FEI Number Applied For	
				65-0483929 Not Applica	ble
			ann iathan i	5. Certificate of Status Desired	
	6. Name and Address of Current Re	oistered Agent	T	1 00 1 10 2 10 10 10 10 10 10 10 10 10 10 10 10 10	
			-		*****
RAO, MARTINO			11777	DO NOT WRITE	
	TEREY AVE RAL, FL 33904			and and a survival of the control of	-
0A12001	(AL, 12 33304			IN THIS SPACE	
2. The about named entire submits this statement for the names of abundancing the registrated affine as confedered great as both in the Date of Elevide. Long families with and account					
<ol> <li>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.</li> </ol>					
SiGNATURE Signature, typed or printed name of registered agent and late # applicable. PNOTE: Registered Agent argument required when reinstating)  DATE  OUTE					•
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.				.00 May Be ded to Fees	
10.	OFFICERS AND DI	RECTORS		· · · · · · · · · · · · · · · · · · ·	ranner
TITLE	D SAC MARTING			timmmings general	
NAME STREET ADDRESS	RAO, MARTINO 703 MONTEREY AVE			U00000109427	
CITY-ST-ZIP	CAPE CORAL, FL 33904			04/12/04-80043-003 150.00	
TITLE D NAME GATES, JOSEPH			er e		
STREET ADDRESS	15053 CLOVERDALE DR			an and	
CITY-ST-ZIP	FT MYERS, FL 33919			<del>on omminication and the state of the state </del>	
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TITLE			<b></b>		
NAME			1		

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

STREET ADDRESS CHY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone