FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # P94000062993 (8)

1. Entity Name

POMPANO PASTA, INC.

Principal Place of Business	Mailing Address
1990 E. SUNRISE BLVD. FORT LAUDERDALE FL 33304	1990 E. SUNRISE BLVD. FORT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated/Qualified: 08/23/1994

3a. Date of Last Report:

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 65-0521927 — Applied For / Not Applicable

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

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

City & State — 23

City & State — 28

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

Zip — 24 — County — 25 — Zip — 29 — County — 30

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

9. Name and Address of Current Registered Agent

FIELDSTONE, RONALD R
2601 S. BAYSHORE DRIVE
SUITE 1600
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Section(s) 607.1605 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 (New Registered Agent's signature required when new agent is designated) (DATE)

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
01 D 02 CASTELLANO, PAUL 03 1990 E. SUNRISE BLVD. 04 FORT LAUDERDALE FL 33304	01 TITLE ☐ Change ☐ Addition 02 NAME 03 STREET ADDRESS 04 CITY-ST-ZIP
05 D 06 CASTELLANO, JOE 07 1990 E. SUNRISE BLVD. 08 FORT LAUDERDALE FL 33304	05 TITLE ☐ Change ☐ Addition 06 NAME 07 STREET ADDRESS 08 CITY-ST-ZIP
09 10 NAME 11 STREET ADDRESS 12 CITY-ST-ZIP	09 TITLE ☐ Change ☐ Addition 10 NAME 11 STREET ADDRESS 12 CITY-ST-ZIP
13 14 NAME 15 STREET ADDRESS 16 CITY-ST-ZIP	13 TITLE ☐ Change ☐ Addition 14 NAME 15 STREET ADDRESS 16 CITY-ST-ZIP
17 18 NAME 19 STREET ADDRESS 20 CITY-ST-ZIP	17 TITLE ☐ Change ☐ Addition 18 NAME 19 STREET ADDRESS 20 CITY-ST-ZIP
21 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
25 26 NAME 27 STREET ADDRESS 28 CITY-ST-ZIP	25 TITLE ☐ Change ☐ Addition 26 NAME 27 STREET ADDRESS 28 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing is true and accurate as of the date of this report. I am aware that any false information submitted in a document to the Department of State for the purpose of obtaining or maintaining registration as a corporation is a violation of section 817.155, Florida Statutes. I further certify 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: [signature] PAUL CASTELLANO 4-5-95 763-1978

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER (Last, First, Middle) (DATE) (Area Code & Daytime Phone Number)

0211497 CP