

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000078213

Entity Name: PASTA FESTIVALE, INC.

FILED  
Jan 04, 2006  
Secretary of State

**Current Principal Place of Business:**

3500 45TH STREET  
SUITE 17  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

3500 45TH STREET  
SUITE 17  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

FEI Number: 65-0622920      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NATALUCCI, PAOLO  
7677 ST ANDREWS ROAD  
LAKE WORTH, FL 33467 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: LATTANZI, LYDIA  
Address: 7677 ST. ANDREWS ROAD  
City-St-Zip: LAKE WORTH, FL 33467

Title: VD ( ) Delete  
Name: GIACOMOZZO, ANNA MARIA  
Address: 7677 ST. ANDREWS ROAD  
City-St-Zip: LAKE WORTH, FL 33467

Title: PD ( ) Delete  
Name: NATALUCCI, PAOLO  
Address: 7677 ST. ANDREWS ROAD  
City-St-Zip: LAKE WORTH, FL 33467

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAOLO NATALUCCI

PD

01/04/2006

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

\_\_\_\_\_  
Date