

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000078213

Entity Name: PASTA FESTIVALE, INC.

FILED
Mar 29, 2007
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:

NATALUCCI, ALFREDO
7677 ST ANDREWS ROAD
LAKE WORTH, FL 33467 US

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: ALFREDO NATALUCCI 03/29/2007

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 (X) 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: PD (X) Change () Addition
Name: NATALUCCI, ALFREDO
Address: 7677 ST. ANDREWS ROAD
City-St-Zip: LAKE WORTH, FL 33467

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: ALFREDO NATALUCCI PD 03/29/2007

Electronic Signature of Signing Officer or Director Date