


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90039 033 ***150.00

DOCUMENT # P97000099587 1. Entity Name PASTAMANIA, INC.	
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Principal Place of Business 22 SOUTH BLVD OF THE PRESIDENT ST ARMANDS CIRCLE SARASOTA, FL 34236 US	Mailing Address 22 S BLVD OF PRESIDENTS SARASOTA, FL 34236 US
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DO NOT WRITE IN THIS SPACE



07142005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0839915	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SALUSTRI, UMBERTO 22 S BLVD OF PRESIDENTS SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

8. 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALUSTRI, UMBERTO 1555 SANDPIPER LANE SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRAZIELLA, TOTI 1555 SANDPIPER LANE SARASOTA, FL 34239
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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:  **7-15-05 9413884348**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #