


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90106 050 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P98000087743</b>             |  |
| 1. Entity Name<br><b>PAN'E DOLCI, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>3341 E OAKLAND PARK BLVD<br/>FT LAUDERDALE, FL 33308 US</b> | Mailing Address<br><b>3341 E OAKLAND PARK BLVD<br/>FT LAUDERDALE, FL 33308 US</b> |
|---|---|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

**40004451**



01152006 Chg-P CR2E034 (11/05)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0873227</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br><b>LABATE, MARK J<br/>800 SOUTHEAST THIRD AVENUE<br/>SUITE 301<br/>FT LAUDERDALE, FL 33316</b> |  | 7. Name and Address of New Registered Agent<br>Name<br><b>ROBERTO PACELLA</b><br>Street Address (B.O. Box Number is Not Acceptable)<br><b>3341 EAST OAKLAND PARK BLVD.</b><br>City<br><b>FT. LAUDERDALE, FL</b> Zip Code<br><b>33308</b> |  |
|---|--|--|--|

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|   |  |
|---|--|
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PACELLA, ROBERTO<br>1109 EAST BROWARD BLVD. APT B<br>FT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 line empowered.

SIGNATURE: \_\_\_\_\_ *[Signature]* \_\_\_\_\_ *[Signature]* \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *1/18/2006* Daytime Phone # \_\_\_\_\_