


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P98000087743 |  |
| 1. Entity Name PAN'E DOLCI, INC. | |

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| Principal Place of Business 3341 E OAKLAND PARK BLVD FT LAUDERDALE, FL 33308 US | Mailing Address 3341 E OAKLAND PARK BLVD FT LAUDERDALE, FL 33308 US |
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DO NOT WRITE IN THIS SPACE

01092007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0873227 | Applied For Not Applicable |
| 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 PACELLA, ROBERTO 3341 EAST OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33308 | DO NOT WRITE IN THIS SPACE |
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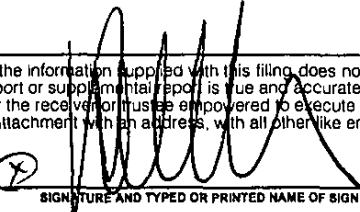
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.


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

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000587398 01/17/07-80032-008 150.00 |
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| 10. OFFICERS AND DIRECTORS | | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PACELLA, ROBERTO 1109 EAST BROWARD BLVD. APT B FT LAUDERDALE, FL 33301 | |
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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 like empowered

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date:  Daytime Phone # _____