

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000026561

FILED  
Jan 07, 2005  
Secretary of State

Entity Name: ARIELLA'S TASTE OF ITALY, INC.

## Current Principal Place of Business:

2765 CAPITAL CIRCLE, N.E.  
TALLAHASSEE, FL 32308

## New Principal Place of Business:

## Current Mailing Address:

2765 CAPITAL CIRCLE, N.E.  
TALLAHASSEE, FL 32308

## New Mailing Address:

FEI Number: 59-3576768

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MONTI-GRAZIADEI, ARIELLA  
575 OLD DIRT RD.  
TALLAHASSEE, FL 32311 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: P ( ) Delete  
Name: MONTI-GRAZIADEI, ARIELLA  
Address: 575 OLD DIRT RD.  
City-St-Zip: TALLAHASSEE, FL 32317

Title: S ( ) Delete  
Name: FECHTER, JOANNA  
Address: 5040 PIMLICO DR  
City-St-Zip: TALLAHASSEE, FL 32309

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: JOANNA FECHTER

S

01/07/2005

Electronic Signature of Signing Officer or Director

Date