


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 17, 2005 8:00 am
Secretary of State

08-17-2005 90001 025 ***150.00

DOCUMENT # P99000040468 1. Entity Name ITALIAN PAVILION, ICP, INC.					
Principal Place of Business ITALIAN PAVILION ICC 480 TAMPA FL 33619				Mailing Address 6302 E. MLK BLVD. TAMPA FL 33619	
2. Principal Place of Business		3. Mailing Address 12920 Castleman Dr Suite, Apt. #, etc. 26			
Suite, Apt. #, etc.		City & State Tampa FL 33626			
City & State		City & State Tampa FL 33626		4. FEI Number 59-3600675 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSSI, ALFONSO 12920 CASTELMAIRE DR. TAMPA FL 33626				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 \$560.00 - 1.5 - DUE BY September 7, 2005 Make Check Payable to Florida Department of State			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			10. OFFICERS AND DIRECTORS		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			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.		
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ATTACHMENT 50061976
#P99000040468

ITALIAN PAVILION ICP, INC.
c/o A. & E. Rossi
12920 Castlemaine Dr
Tampa FL 33626

Office of the Secretary of State 8-9-05
Division of Corporations P.O. No. 34-3600 675
P.O. Box 6327
Tallahassee FL 32314
Attn: Reinstatements

Dear Sirs:

Enclosed is the form to reinstate the
above-referenced corporation, and our check for
\$150.00 for the fee. We request that the additional
\$400.00 late-fee (total \$550.00) be waived because
we never received the original postcard and the
original form. Evidently, the postcard must have been
lost. In the future, please send us the form it-
self to the above address & omit sending the
postcard. We are not internet capable.

Thank you,
Edrige Rossi
Edrige Rossi, Pres.