

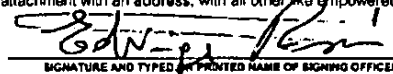


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Jun 12, 2007 8:00 am
Secretary of State

05-21-2007 90055 025 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000040468			
1. Entity Name ITALIAN PAVILION, ICP, INC.			
Principal Place of Business ITALIAN PAVILION ICC TAMPA, FL 33619		Mailing Address 12920 CASTLEMAN DR TAMPA, FL 33626	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address EDVIGE ROSSI	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 11463 S. BROWNRISE ST.	
City & State		City & State OLATHE, KS	
Zip	Country	Zip	Country
		66061-2836	USA
4. FEI Number 59-3600675		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROSSI, ALFONSO 12920 CASTLEMAN DR. TAMPA, FL 33626		CRAIG E. ROTHBORD, P.A. 808 W. DE LEON STREET TAMPA, FLORIDA 33606	
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: 		DATE: 5-15-07	
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSSI, ALFONSO 12920 CASTLEMAN DR. TAMPA, FL 33626	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ROSSI, ALFONSO 12920 CASTLEMAN DR. TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST ROSSI, EDVIGE 12920 CASTLEMAN DR. TAMPA, FL 33626	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ROSSI EDVIGE 11463 S. BROWNRISE ST. OLATHE, KS. 66061
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 individuals empowered.			
SIGNATURE: 		DATE: 5-15-07	