2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State
04-02-2003 90115 007 ***150.00

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1. Entity Name
ITALIAN FOODS CORPORATION

Principal Place of Business	Mailing Address
5014 NW 71ST PLACE GAINESVILLE, FL 32653	2615 NW 5TH PLACE GAINESVILLE, FL 32607

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5800 Chabot Road	5800 Chabot Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Oakland CA	City & State: Oakland CA
Zip: 94618 — Country: USA	Zip: 94618 — Country: USA

4. FEI Number: 59-3611346 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
J. PARKER AILSTOCK, P.A.
2615 NW 5TH PLACE
GAINESVILLE, FL 32607

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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! Fee is $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	LAPIANA, GIANCARLO	
STREET ADDRESS	VIA BOLGHERA 21, 38014	
CITY-ST-ZIP	TRENTO, ITALY,	
TITLE	P	☐ Delete
NAME	LAPIANA, ELENA	
STREET ADDRESS	5920 SAN PABLO AVE. #5	
CITY-ST-ZIP	OAKLAND, CA 94608	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	☑ Change ☐ Addition
NAME	Lapiana, Elena	
STREET ADDRESS	5800 Chabot Road	
CITY-ST-ZIP	Oakland CA 94618	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: Elena Lapiana ELENA LAPIANA 03/24/03 (510) 595-3832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)