2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State
01-29-2007 90084 005 ***150.00

DOCUMENT # S50498

1. Entity Name
ALFONSO'S PIZZA AND PASTA INCORPORATED

Principal Place of Business	Mailing Address
1564 FLORESTA DR PORT ST. LUCIE, FL 34983	1801 ENFIELD AVE PORT SAINT LUCIE, FL 34952

01172007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		2065 SE Allamanda Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Port St. Lucie	
Zip	Country	Zip: 34952	Country: USA

4. FEI Number: 65-0274986 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BALZANO, CARMELA
1801 ENFIELD AVE
PORT SAINT LUCIE, FL 34952

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 BALZANO, CARMELA 1801 ENFIELD AVE PORT ST. LUCIE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 2065 SE Allamanda Dr. Port St Lucie, FL 34952	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALZANO, ALFONSO 1801 ENFIELD AVE PORT ST. LUCIE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 2065 SE Allamanda Dr. Port St. Lucie, FL 34952	☒ Change ☐ Addition
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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: Carmela Balzano 1/24/07 770-878-2688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #