

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

2008

T. Roberts SEP 25 2008


FILED

08 SEP 22 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
600136203196

09/22/08--01020--009 **150.00

CR2E034B (8/05)

DOCUMENT # S518862	
1. Entity Name PICA'S DELI PROVISION & FINE ITALIAN FOODS, INC.	

DO NOT WRITE IN THIS SPACE


2. Principal Place of Business 12326 S. CLEVELAND AVE. Suite, Apt. #, etc.		3. Mailing Address 12326 S. CLEVELAND AVE. Suite, Apt. #, etc.	
City & State FORT MYERS, FL		City & State FORT MYERS, FL	
Zip 33907	Country USA	Zip 33907	Country USA

4. FEI Number 65-0260135	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name MICHAEL PICA	
Street Address (P.O. Box Number is Not Acceptable) 12326 S. CLEVELAND AVE.	
City FORT MYERS	FL Zip Code 33907

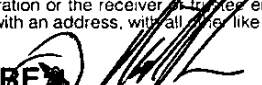
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE 9/18/08

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MICHAEL PICA 16298 KELLY WOODS DRIVE FORT MYERS, FL 33908	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARIO V. PICA 6224 EMERALD PINES CIRCLE FORT MYERS, FL 33192	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 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 on an attachment with an address, with all other like empowered.

SIGNATURE  DATE 9/18/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR