

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S51886

FILED
Mar 14, 2009
Secretary of State

Entity Name: PICA'S DELI PROVISION & FINE ITALIAN FOODS, INC.

Current Principal Place of Business:

12326 S CLEVELAND AVE
FORT MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

12326 S CLEVELAND AVE
FORT MYERS, FL 33907 US

New Mailing Address:

FEI Number: 65-0260135 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PICA, MICHAEL
12326 S CLEVELAND AVE
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PICA, MICHAEL
Address: 16298 KELLY WOODS DR
City-St-Zip: FORT MYERS, FL 33908

Title: VD () Delete
Name: PICA, MARIO V
Address: 6224 EMERALD PINES CIRCLE
City-St-Zip: FT MYERS, FL 331928321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PICA, MICHAEL
Address: 12326 SO. CLEVELAND AVE
City-St-Zip: FORT MYERS, FL 33907

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL PICA

PD

03/14/2009

Electronic Signature of Signing Officer or Director

Date