

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V19094

FILED
Jun 29, 2005
Secretary of State

Entity Name: CLASSICO DESSERTS, INC.

Current Principal Place of Business:

430 ANSIN BLVD.
BAY K&L
HALLANDALE, FL 33009 US

New Principal Place of Business:

Current Mailing Address:

430 ANSIN BLVD.
BAY K&L
HALLANDALE, FL 33009 US

New Mailing Address:

FEI Number: 65-0317066 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FULVIO, LANDI
3100 WEST ROLLING HILLS CIRCLE
APT. 703
DAVIE, FL 33328 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: LANDI, MARIA
Address: 1251 SW 178TH WAY
City-St-Zip: PEMBROKE PINES, FL 33029

Title: PST () Delete
Name: LANDI, FULVIO
Address: 3100 WEST ROLLING HILLS CIRCLE
City-St-Zip: DAVIE, FL 33328

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: BEDOYA, YOLANDA J
Address: 3100 WEST ROLLING HILLS CIRCLE
City-St-Zip: DAVIE, FL 33328

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

Title: D () Change (X) Addition
Name: GUILLEN, MARIO M
Address: 5825 W 25CT APT 312
City-St-Zip: HIALEAH, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FULVIO LANDI

PST

06/29/2005

Electronic Signature of Signing Officer or Director

Date