

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# V19094

Entity Name: CLASSICO DESSERTS, INC.

**FILED**  
**Aug 11, 2005**  
**Secretary of State**

## **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

## **OFFICERS AND DIRECTORS:**

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

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

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

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: V (X) Change ( ) Addition  
Name: LORENZO, MARIA D  
Address: 1331 NW 187TH AVE.  
City-St-Zip: PEMBROKE PINES, FL 33029

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

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

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

08/11/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date