


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # 631879
 1. Entity Name
NEVER ON SUNDAY, INC.



Principal Place of Business 129 N. FEDERAL HWY DANIA BEACH, FL 33004 US	Mailing Address 129 N. FEDERAL HWY DANIA BEACH, FL 33004 US
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04242007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1930624	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDREOIZZI, TEDDY
 129 N. FEDERAL HWY
 DANIA BEACH, FL 33004

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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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDREOIZZI, TEDDY 129 N. FEDERAL HWY DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LINDEY, LARRY 129 N. FEDERAL HWY DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/18/07-80026-010 150.00

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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: *Theodore Andreozzi Pres.* **Theodore Andreozzi Pres.** **4/24/07 (814) 923-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #