

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J76008

FILED
Apr 21, 2011
Secretary of State

Entity Name: FLICKERLITE BAR & PIZZA RESTAURANT, INC.

Current Principal Place of Business:

C/O JOAN F. CAPONE
4100 N 35 AVENUE
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

C/O JOAN F. CAPONE
4100 N 35 AVENUE
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 59-2841512 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CAPONE, JOAN F.
4100 N 35 AVENUE
HOLLYWOOD, FL 330218914 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: PD
Name: CAPONE, KARIN
Address: 1014 N. OCEAN DR
City-St-Zip: HOLLYWOOD, FL 33021

Title: VD
Name: CAPONE, RICHARD
Address: 1014 N. OCEAN DR
City-St-Zip: HOLLYWOOD, FL 33021

Title: TD
Name: CAPONE, JOAN F.
Address: 4100 N. 35TH AVENUE
City-St-Zip: HOLLYWOOD, FL 33021

Title: VPD
Name: VIVACUE, PATRICIA J.
Address: 1014 N OCEAN DR
City-St-Zip: HOLLYWOOD, FL 33021

Title: SD
Name: CAPONE, JOHN
Address: 1014 N OCEAN DR
City-St-Zip: HOLLYWOOD, FL 33021

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA J. VIVACUE

VD

04/21/2011

Electronic Signature of Signing Officer or Director

_____ Date