2004-FOR-PROFIT-CORPORATION ANNUAL REPORT

FILED Apr 29, 2004 8:00 am Secretary of State 04-29-2004 90271 008 ***150.00

DOCUMENT # P03000032850 1. Entity Name MIKE'S PIZZA & PASTA, INC.			
Principal Place of Business 150 N. DIXIE HWY	Mailing Address		· · · · · · · · · · · · · · · · · · ·
STUART, FL 34994	STUART, FL 34994		54045443
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04062004 Chg-P CR2E034 (10/03)
City & State	City & State		4. FEI Number Applied For Not Applied For Not Applied For
Zip Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Curre	ent Registered Agent	Name M	7. Name and Address of New Registered Agent
BERTOLINI, MICHAEL 150 N. DIXIE HWY	<u> </u>	Street Address	(P.O. Box Number is Not Acceptable), SW Aguero Street
STUART, FL 34994		1913	so Ajuelo sile.
		City Port	St. Lucie FL 238953
 The above named entity submits this statement the obligations of registered agent. 	t for the purpose of changing it	s registered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURESignature, typed or printed name of registered as	and and title if another him.	VE. Decisioned Agent sheet as you	red when reinstating) DATE
Signature, typed or printed name or registered as		TE: Registered Agent signature require	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$55	9. Election Camp Trust Fund Cor		5.00 May Be ided to Fees
- 	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
ITLE D IAME BERTOLINI, MICHAEL	Delete	TITLE P	Change Addition
TREET ADDRESS 150 N. DIXIE HWY ITY-ST-ZIP STUART, FL 34994		STREET ADDRESS 197	4 Sw Aguero Street + St.Lucie, n. 34953
TLE	☐ Delete	TITLE	Change Addition
AME Treet address		NAME STREET ADDRESS	
ITY-ST-ZIP		CITY-ST-ZIP	
rle Me		NAME	Change Addition
REET ADDRESS	در د اوب حد ست د	-STREET ADDRESS-	as offer and the
TIV-ST-ZIP	<u></u>	CITY-ST-ZIP	☐ Change ☐ Addition
ITLE IAME	☐ Delete	NAME	Change. Adunion
Treet address ITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TILE	Delete	TITLE	☐ Change ☐ Additio
AME		NAME	
Treet address Ity-St-Zip		STREET ADDRESS CITY-ST-ZIP	
TLE	☐ Delete	TITLE	☐ Change ☐ Addition
AME		NAME	•
STREET AODRESS CITY - ST - ZIP	0.0	STREET ADDRESS CITY-ST-ZIP	
2. I have by costifut that the information appoint	with this filing does not qualify to the sand that the sand the sa	ior the exemption stated in t	Section 119.07(3)(i), Florida Statutes. I further certify that the information is same legal effect as if made under oath; that I am an officer or director io7. Florida Statutes; and that my name appears in Block 10 or Block 11 if
SIGNATURE: X Mole	1 12X/11/20		4126104 772-692-3839