2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90437 007 ***150.00

DOCUMENT # P03000039280

1. Entity Name
COUSIN'S PIZZA & PASTA PARLOR INCORPORATED

Principal Place of Business	Mailing Address
223 RIVERWALK NORTH HUTCHINSON ISLAND FL 34949 US	223 RIVERWALK NORTH HUTCHINSON ISLAND FL 34949 US

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
COUSIN'S PIZZA & PASTA PARLOR	5489 ST. James Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port ST. Lucie FL	City & State: Port ST. Lucie FL
Zip: 34983 Country: ST. Lucie	Zip: 34983 Country: ST. Lucie

4. FEI Number: 14-1878455 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NOVIELLO, JOHN
223 RIVERWALK
NORTH HUTCHINSON ISLAND FL 34949

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: NOVIELLO, JOHN STREET ADDRESS: 223 RIVERWALK CITY-ST-ZIP: NORTH HUTCHINSON ISLAND FL 34949	☐ Delete	TITLE: D NAME: NOVIELLO JOHN STREET ADDRESS: 440 NE Leaping Frog way CITY-ST-ZIP: Port ST. Lucie FL 34983	☑ Change ☐ Addition
TITLE: D NAME: CATALDO, ANDREA STREET ADDRESS: 536 OAK HARBOUR DRIVE CITY-ST-ZIP: JUNO BEACH FL 33408	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: John Noviello [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #