

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000128430

1. Entity Name
GRUMPIE'S PIZZA AND SUBS, INC.



Principal Place of Business
**5925 SOUTH CONGRESS AVE.
ATLANTIS, FL 33462**

Mailing Address
**5925 SOUTH CONGRESS AVE.
ATLANTIS, FL 33462**



07062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1687878

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GEROW, JEFFREY S ESQ.
4800 N. FEDERAL HIGHWAY
SUITE 307B
BOCA RATON, FL 33431**

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 8, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	AZARKHAIL, MOHAMAD
STREET ADDRESS	10434 N.W. 6TH CT.
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	D
NAME	PIROOZGAR, YOUSEF
STREET ADDRESS	10434 N.W. 6TH CT.
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000568990
07/11/06-80008-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *X*
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____