


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90052 040 ***150.00

DOCUMENT # P06000132398

1. Entity Name
A-1 PIZZERIA, INC.



Principal Place of Business
**6330 SW 79TH ST., #23
 MIAMI, FL 33143**

Mailing Address
**P. O. BOX 836285
 MIAMI, FL 33283**

2. Principal Place of Business - No P.O. Box #
1561 Irla Bronson Memorial Hwy - 1561

3. Mailing Address
1561 Irla Bronson Memorial Hwy - 1561

State, Apt. #, etc.
FL

4. FEI Number
05072007

Applied For
 Not Applicable

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

City, State
Saint Cloud, FL

City, State
Saint Cloud, FL

Zip
34771

Country
USA

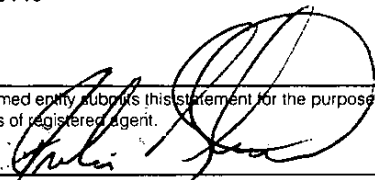
6. Name and Address of Current Registered Agent
**BETANCOURT, AVELINO
 6330 SW 79TH ST., #23
 MIAMI, FL 33143**

7. Name and Address of New Registered Agent
 Name
Betancourt, Avelino

Street Address (P.O. Box Number is Not Acceptable)
1561 Irla Bronson Memorial Hwy

City, State, Zip Code
Saint Cloud FL 34771

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 14, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BETANCOURT, AVELINO 6330 SW 79TH ST., #23 MIAMI, FL 33143 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERNANDEZ, OMAR W 6330 SW 79TH ST., #23 MIAMI, FL 33143 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Betancourt, Avelino 1561 Irla Bronson Memorial Hwy Saint Cloud, FL 34771 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vicepresident Fernandez, Omar W. 1561 Irla Bronson Memorial Hwy Saint Cloud, FL 34771 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 information empowered.

SIGNATURE:  DATE _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR