


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90348 046 ***150.00

DOCUMENT # P98000018070

1. Entity Name
VILLA PIZZA SPECIALTIES, INC.



Principal Place of Business
17 ELM STREET
MORRISTOWN, NJ 07960

Mailing Address
~~17 ELM STREET~~
DEPT 1908
MORRISTOWN, NJ 07960

40073108

2. Principal Place of Business
5011 CITRUS PARK
 Suite, Apt. #, etc.
TOWN CENTER MALL

3. Mailing Address
^{WJ}
25 WASHINGTON STREET
 Suite, Apt. #, etc.



04202006 Chg-P CR2E034 (11/05)

City & State
FRANPA FLA.

City & State

Zip
33621 Country

Zip Country

4. FEI Number
59-3504098

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTTO, BIAGIO	
STREET ADDRESS	17 ELM STREET	
CITY-ST-ZIP	MORRISTOWN, NJ 07960	
TITLE	S	<input type="checkbox"/> Delete
NAME	PUGLIESE, BIAGIO	
STREET ADDRESS	17 ELM ST	
CITY-ST-ZIP	MORRISTOWN, NJ 07960	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	25 WASHINGTON STREET	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	25 WASHINGTON STREET	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Biagio Pugliese Sec* **BIAGIO PUGLIESE** *4/21/06* **4/21/06** **973-285-4801**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #