


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90004 026 \*\*\*150.00

DOCUMENT # P98000023095					
1. Entity Name PIZZA PARTY, INC.					
Principal Place of Business 958 SW 81ST AVE. N. LAUDERDALE, FL 33306-8			Mailing Address 958 SW 81ST AVE. N. LAUDERDALE, FL 33306-8		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent GAROFOLLO, ALDO C/O PIZZA PARTY 958 SW 81 AVE WESTON, FL 33331				7. Name and Address of New Registered Agent Name: <u>Garafolo, Aldo</u> Street Address (P.O. Box Number is Not Acceptable): <u>958 SW 81st Avenue</u> City: <u>N. Lauderdale</u> FL Zip Code: <u>33068</u>	
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: <u>Aldo Garafolo</u> DATE: <u>3-16-06</u> <small>Signature, typed or printed name of registered agent and fee applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust/ Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAROFOLLO, ALDO		NAME	Garafolo, Aldo	
STREET ADDRESS	850 NW 166TH AVE.		STREET ADDRESS	7981 NW 53ct.	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028		CITY-ST-ZIP	Lauderhill, FL 33351	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Aldo Garafolo</u>			Date: <u>3-16-06</u> Daytime Phone #: <u>954-718-7609</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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01132006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0823336 Applied For Not Applicable

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