


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000049247**

1. Entity Name  
**LUTINA'S PIZZA & SUBS STORE #2, INC.**



Principal Place of Business <b>6901 OKEECHOBEE BOULEVARD          LAKE POINT CENTRE - #C-3          WEST PALM BEACH, FL 33411</b>	Mailing Address <b>6901 OKEECHOBEE BOULEVARD          LAKE POINT CENTRE - #C-3          WEST PALM BEACH, FL 33411</b>
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**DO NOT WRITE IN THIS SPACE**



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0842544</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**FIELDS, GARY D  
 ADMIRALTY TOWER - SUITE 700  
 4400 PGA BOULEVARD  
 PALM BEACH GARDENS, FL 33410**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRANCHESI, LOURDES G 8623 HIGH CAY WEST PALM BEACH, FL 33411
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00000264830  
 03/16/05-80030-023 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *L. Branchesi* **DB-09-05 561-697-8030**

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