


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT # P98000049247	
1. Entity Name LUTINA'S PIZZA & SUBS STORE #2, INC.	

Principal Place of Business 6901 OKEECHOBEE BOULEVARD LAKE POINT CENTRE - #C-3 WEST PALM BEACH, FL 33411	Mailing Address 6901 OKEECHOBEE BOULEVARD LAKE POINT CENTRE - #C-3 WEST PALM BEACH, FL 33411
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02082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0842544	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U00000653919
 03/13/07-80041-019 150.00

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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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: Loubrdes Branchesi LOURDES BRANCHESI 2-28-07 697-8030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #