2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State
03-28-2006 90252 001 ***300.00

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1. Entity Name
PYRO'S GRILL FRANCHISING INC.

Principal Place of Business	Mailing Address
113 BARKSDALE PROFESSIONAL CENTER NEWARK, DE 19711-3258	113 BARKSDALE PROFESSIONAL CENTER NEWARK, DE 19711-3258

02152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0396412
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CURCIO, JASON C
734 CABLE BEACH LANE
NORTH PALM BEACH, FL 33410

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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: _____ 4/20/06
Signature, typed or printed name of registered agent and title if applicable. (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	C
NAME	CURCIO, CHARLES P
STREET ADDRESS	5440 MILITARY TRAIL
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	PD
NAME	CURCIO, MICHAEL J
STREET ADDRESS	5440 MILITARY TRAIL
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	VD
NAME	CURCIO, JASON C
STREET ADDRESS	5440 MILITARY TRAIL
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 4/20/06 (561)630-8990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #