

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2007 8:00 am
Secretary of State

02-22-2007 90006 044 ****50.00
03-20-2007 90020 037 ****100.00

40039314



01262007 No Chg-P CR2E034 (11/05)

4. FEI Number
11-3189134

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 _____

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE TD
NAME SBARRO, ANTHONY
STREET ADDRESS 401 BROADHOLLOW RD
CITY-ST-ZIP MELVILLE, NY 11747

TITLE V
NAME MERENDINO, CARMELA N
STREET ADDRESS 401 BROADHOLLOW RD
CITY-ST-ZIP MELVILLE, NY 11747

TITLE SD
NAME SBARRO, JOSEPH
STREET ADDRESS 401 BROADHOLLOW RD
CITY-ST-ZIP MELVILLE, NY 11747

TITLE PC
NAME SBARRO, MARIO
STREET ADDRESS 401 BROADHOLLOW RD
CITY-ST-ZIP MELVILLE, NY 11747

TITLE AVPT
NAME GELLER, ADELE
STREET ADDRESS 401 BROADHOLLOW RD
CITY-ST-ZIP MELVILLE, NY 11747

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ADELE GELLER - ADELE GELLER - DIRECTOR OF TAXATION - 1/29/07