

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # G80897**

1. Entity Name

CIRO'S PIZZA AND ITALIAN RESTAURANT, INC.



Principal Place of Business

13025 S.W. 89TH PLACE  
MIAMI, FL 33176

Mailing Address

13025 S.W. 89TH PLACE  
MIAMI, FL 33176



01172007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2395265

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

CREASMAN, GERALD E CPA  
10691 N KENDALL DR SUITE 312  
MIAMI, FL 33176

**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 is printed name of registered agent and fee 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          | PD                       |
| NAME           | SETARO, CIRO PRES        |
| STREET ADDRESS | 1940 SW 60 PL            |
| CITY- ST- ZIP  | MIAMI, FL                |
| TITLE          | VD                       |
| NAME           | SETARO, ANTONIETTA VPRES |
| STREET ADDRESS | 1940 SW 60 PL            |
| CITY- ST- ZIP  | MIAMI, FL                |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY- ST- ZIP  |                          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY- ST- ZIP  |                          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY- ST- ZIP  |                          |

U00000636065  
02/26/07-80001-019 150.00

**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 # \_\_\_\_\_