

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90150 002 ***158.75

DOCUMENT # H67180 1. Entity Name ROMEO'S PIZZA RESTAURANT, INC.			
Principal Place of Business 4917 SOUTHERN BLVD. WEST PALM BEACH, FL 33415		Mailing Address 4917 SOUTHERN BLVD. WEST PALM BEACH, FL 33415	
2. Principal Place of Business 4917 Southern Blvd		3. Mailing Address 4917 Southern Blvd	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State WPB FL.		City & State WPB FL.	
Zip 33415		Zip 33415	
Country USA		Country USA	
4. FEI Number 59-2643550		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		05312006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent ROMEO, JOSEPH 4917 SOUTHERN BLVD. WEST PALM BEACH, FL 33415		7. Name and Address of New Registered Agent Name Timothy L. Coyle Jr. Street Address (P.O. Box Number is Not Acceptable) 2778 SE Birmingham Dr. City STUART FL Zip Code 34994	
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 <input checked="" type="checkbox"/> Timothy L. Coyle Jr. Timothy L. Coyle Jr. 6/1/06 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing \$5.00 May Be Added to Fees <small>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</small>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME ROMEO, JOSEPH STREET ADDRESS 1436 HAWTHORNE PL CITY-ST-ZIP WEST PALM BEACH, FL 33409	<input checked="" type="checkbox"/> Delete	TITLE P NAME Coyle, Timothy STREET ADDRESS 2778 SE Birmingham Dr. CITY-ST-ZIP Stuart, FL 34994	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPT NAME ROMEO, FRANK STREET ADDRESS 7379 WATERDANCE WAY CITY-ST-ZIP LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete	TITLE M NAME Amy Helms STREET ADDRESS 2778 SE Birmingham Dr CITY-ST-ZIP Stuart, FL 34994	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Timothy L. Coyle Jr.		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Timothy L. Coyle Jr. 6/1/06 (561) 471-9695 <small>Date Daytime Phone</small>	