


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # J24954**  
 1. Entity Name  
**MONTI'S PIZZERIA RESTAURANT, INC.**



Principal Place of Business      Mailing Address  
 2973 W. COMM BLVD.              2973 W. COMM BLVD.  
 FT. LAUDERDALE, FL 33309      FT. LAUDERDALE, FL 33309

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01302005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-2712453**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**SIEGEL, JEROME R.**  
**100 W CYPRESS CREEK RD**  
**FORT LAUDERDALE, FL 33309**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

000000211893  
 02/03/05-80007-013 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	VP
NAME	KAUR, JASMEE T
STREET ADDRESS	2437 NW 95 AVENUE
CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	P
NAME	SINGH, JANRIAL
STREET ADDRESS	2437 NW 95TH AVE
CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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: Janrial Singh      Date: 2.1.05      Daytime Phone #: 954-485-5255  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR