

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90235 006 ***150.00

DOCUMENT # K43266

1. Entity Name
WESTCHESTER REY PIZZA, INC.



Principal Place of Business

**2300 CORAL WAY
SUITE 200
MIAMI, FL 33145 US**

Mailing Address

**2300 CORAL WAY
SUITE 200
MIAMI, FL 33145 US**

2. Principal Place of Business

2482 S.W. 137 Avenue

3. Mailing Address

% 301 W. Hallandale Beach Blvd



02212005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

HALLANDALE BEACH, FLORIDA

4. FEI Number

65-0089213

Applied For

Not Applicable

Zip

33175

Country

U.S.A.

Zip

33009

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICES INC
2300 CORAL WAY
SUITE 200
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name
ROSEN CWAIG & FERRERO-CARR
Street Address (P.O. Box Number is Not Acceptable)
301 W. HALLANDALE BEACH BLVD

City
HALLANDALE BEACH

FL

Zip Code

33009

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

2/2/05

**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**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, RAMON	
STREET ADDRESS	3634 N.W. 13TH STREET	
CITY-ST-ZIP	MIAMI, FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, MARGARITA	
STREET ADDRESS	3634 N.W. 13TH STREET	
CITY-ST-ZIP	MIAMI, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, RAMON SR.	
STREET ADDRESS	% 301 W. HALLANDALE BEACH BLVD.	
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, MARGARITA	
STREET ADDRESS	% 301 W. HALLANDALE BEACH BLVD	
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009	
TITLE	VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, RAMON JR.	
STREET ADDRESS	% 301 W. HALLANDALE BEACH BLVD.	
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #