

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90342 041 ****50.00

DOCUMENT # L06000033091 1. Entity Name PIZZA EXPRESS, LLC	
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Principal Place of Business 20020 VETERANS BLVD. #22 PORT CHARLOTTE, FL 33954 US	Mailing Address 20020 VETERANS BLVD. #22 PORT CHARLOTTE, FL 33954 US
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2. Principal Place of Business - No P.O. Box # 18101 MURDOCK CIRCLE	3. Mailing Address 18151 MURDOCK CIRCLE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State PORT CHARLOTTE, FL	City & State PORT CHARLOTTE, FL
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Zip 33948	Country USA	Zip 33948	Country USA
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01112007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent CUGINI, DANIEL M 20020 VETERANS BLVD. #22 PORT CHARLOTTE, FL 33954	7. Name and Address of New Registered Agent Name CUBINI, DANIEL M Street Address (P.O. Box Number is Not Acceptable) 18151 MURDOCK CIRCLE Port Charlotte FL Zip Code 33948
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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 _____ (NOTE: Registered Agent signature required when not stating)

Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME CUGINI, DANIEL M STREET ADDRESS 20020 VETERANS BLVD., #22 CITY - ST - ZIP PORT CHARLOTTE, FL 33954	<input type="checkbox"/> Delete	TITLE NAME Cugini, Daniel M. STREET ADDRESS 18101 18151 Murdock Circle CITY - ST - ZIP Port Charlotte, FL 33948	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGR NAME MANNINO, GIUSEPPE STREET ADDRESS 12768 SW PEMBROKE CIRCLE N CITY - ST - ZIP LAKE SUZY, FL 34269	<input type="checkbox"/> Delete	TITLE NAME Mannino, Giuseppe STREET ADDRESS 18101 18101 Murdock Circle CITY - ST - ZIP Port Charlotte, FL 33948	<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
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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Daniel M Cugini **DANIEL M CUGINI** 1/11/07 941 629-1115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #