

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90044 002 ***150.00

DOCUMENT # L98480

1. Entity Name

PIZZA LOVER, INC.



Principal Place of Business

2901 PARKWAY BLVD
B-12
KISSIMEE FL 34747
US

Mailing Address

2901 PARKWAY BLVD. B-12
KISSIMEE FL 34747

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3024110

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DO, NGU H
8979 EASTERLING DR.
8979 EASTERLING DR
ORLANDO FL 32819

Name

DO, NGU H.

Street Address (P.O. Box Number is Not Acceptable)

8707 RANCHO CT.

City

ORLANDO

FL

Zip Code

32836

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 re-registering)

DATE

Ugudo

DO, NGU H.

3/27/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	M	<input type="checkbox"/> Delete
NAME	DO, NGU H	
STREET ADDRESS	8979 EASTERLING DR	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> Delete
NAME	DO, JIMMY N	
STREET ADDRESS	8979 EASTERLING DR.	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	T	<input type="checkbox"/> Delete
NAME	TCHU, CHRISTINE	
STREET ADDRESS	8979 EASTERLING DR.	
CITY-ST-ZIP	ORLANDO FL 32819	
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	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Do, Ngu H.	
STREET ADDRESS	8707 Rancho Ct.	
CITY-ST-ZIP	Orlando, FL 32836	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T Tchu, Christine	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8707 Rancho Ct.	
STREET ADDRESS	Orlando, FL 32836	
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		
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:

Ugudo

DO, NGU H.

3/27/05

(407)397-1485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #