2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 28, 2004 8:00 am Secretary of State M21906 **DOCUMENT #** 04-28-2004 90225 004 \*\*\*150.00 1. Entity Name SALVATORE'S PIZZERIA, INC. Principal Place of Business Mailing Address 271 NE 6TH AVENUE 271 NE 6TH AVENUE DELRAY BEACH FL 33483-5514 DELRAY BEACH FL 33483-5514 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2608358 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent: -7.- Name and Address of New Registered Agent Name MICELI, SALVATORE Street Address (P.O. Box Number is Not Acceptable) 271 NE 6TH AVENUE DELRAY BEACH FL 33444 City Zip Code FI 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 ginted name of registered agent and title il applicable. INCTE. Registered Agent's gnature required when reinstating) DATE FILE NOW!!! FEE'IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Chance Accition MICELI, SALVATORE HAME 271 ME 6TH AVENUE STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 33483 CITY-ST-DIP CITY-ST-ZIP TITLE Delete TITLE 🔲 Change ☐ Additrer MAME NAME STREET ADDRESS STREET ADDRESS CITY - 51 - 21P. CITY - ST - 71P --THEE Delete TITLE Chance 244.E MAINE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Accal NAME NAME STREET ADDRESS STREET ADDRESS 017-51-52 CITY-ST-292 TITLE ☐ Delete TITLE Chance Addition NAME MARSE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP HT: 8 Delete 717.5 ☐ Change Addition 1 1:21:00 19911 400465. STABET AGGRESS 0000-37-509 CITY-ST-TIP

12. Thereby certify in a time information supplied with this filing does not quality 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.

2-10-04

**FILED**