

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000007608

FILED  
Apr 01, 2005  
Secretary of State

Entity Name: TONY'S NEW YORK STYLE PIZZA, INC.

## Current Principal Place of Business:

10550 OLD ST.AUGUSTINE ROAD, SUITE 6  
JACKSONVILLE, FL 32257

## New Principal Place of Business:

## Current Mailing Address:

10550 OLD ST.AUGUSTINE ROAD, SUITE 6  
JACKSONVILLE, FL 32257

## New Mailing Address:

FEI Number: 59-3627958

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ABUFOUZ, ALI SAID  
10550 OLD ST.AUGUSTINE ROAD, SUITE 6  
JACKSONVILLE, FL 32257 US

## Name and Address of New Registered Agent:

FLAT, YOUSSEF PD  
6975 A1A SOUTH  
2  
ST.AUGUSTINE, FL 32080 US

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.

SIGNATURE: YOUSSEF FLAT

04/01/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ABUFOUZ, ALIS  
Address: 10550 OLD ST AUGUSTINE RD. # 6  
City-St-Zip: JACKSONVILLE, FL 32257

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: FLAT, YOUSSEF  
Address: 6975 A1A SOUTH #2  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: V.PD ( ) Change (X) Addition  
Name: FLAT, JEREMY  
Address: 6975 A1A SOUTH #2  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YOUSSEF FLAT

PD

04/01/2005

Electronic Signature of Signing Officer or Director

Date