

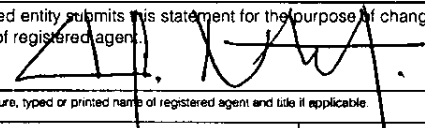
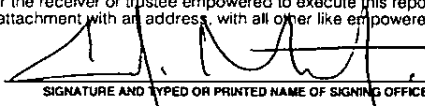


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

|   |  |   |  |   |   |   |  |
|---|--|---|--|---|---|---|--|
| <b>DOCUMENT # P00000017450</b><br>1. Entity Name<br>PIZZA DO., INC.   |  |   |  |    |   | <b>FILED</b><br><br>04 MAR 18 AM 9:09<br><br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA |  |
| Principal Place of Business<br>9769 NW 41ST STREET<br>MIAMI, FL 33178   |  |   |  | Mailing Address<br>7925 NW 12TH ST., #318<br>MIAMI, FL 33126  |   |   |  |
| 2. Principal Place of Business<br>7925 N.W. 12th STREET   |  | 3. Mailing Address<br>7925 N.W. 12th STREET |  | <br><br>03052004 Chg-P CR2E034 (10/03)  |   |   |  |
| Suite, Apt. #, etc.<br>407  |  | Suite, Apt. #, etc.<br>407                  |  |   |   |   |  |
| City & State<br>MIAMI, FLORIDA  |  | City & State<br>MIAMI, FLORIDA              |  |   |   |   |  |
| Zip<br>33126  |  | Zip<br>33126                                |  |   |   |   |  |
| Country<br>MIAMI DADE   |  | Country<br>MIAMI DADE                       |  | 4. FEI Number<br>65-1009954   |   |   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required   |  |   |  | Applied For<br>Not Applicable   |   |   |  |
| 6. Name and Address of Current Registered Agent<br><br>MONTOYA, CARLOS<br>9769 NW 41ST STREET<br>MIAMI, FL 33178  |  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>CARLOS MONTOYA<br>Street Address (P.O. Box Number is Not Acceptable)<br>11325 N.W. 55 LINE<br>City MIAMI FL Zip Code 33178 |   |   |  |
| 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 reinstating) DATE  |  |   |  |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |  |   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees  |   |   |  |
| 10. OFFICERS AND DIRECTORS  |  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>MONTOYA, CARLOS M<br>7925 NW 12TH ST., #. 407<br>MIAMI, FL 33126 <input type="checkbox"/> Delete |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 800030933009<br>03/23/04--01069--017 **308.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>MONTOYA, JUAN F<br>7925 NW 12TH ST., #. 407<br>MIAMI, FL 33126 <input type="checkbox"/> Delete   |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>NIETO, CARLOS<br>7925 NW 12TH ST., # 407<br>MIAMI, FL 33126 <input type="checkbox"/> Delete      |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>MARIO MONTOYA<br>7925 N.W. 12th ST.#407<br>MIAMI, FL 33126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| 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:   |  |   |  | 3/1/04  |   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |   |  | Date Daytime Phone #  |   |   |  |