

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90140 020 ***150.00

DOCUMENT # P00000028673

1. Entity Name
N.L.M. PIZZA, INC.



Principal Place of Business
3380 WEST HILLSBORO BLVD.
DEERFIELD BEACH, FL 33441

Mailing Address
9122 GRIFFIN ROAD
COOPER CITY, FL 33328

50007031



2. Principal Place of Business
8553 NW 47th ST
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03202006 Chg-P CR2E034 (11/05)

City & State
Coral Springs FL
Zip
33067

City & State
Zip
Country

4. FEI Number
64-0993347
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BADREDDINE, NASSER J
3380 WEST HILLSBORO BLVD.
DEERFIELD BEACH, FL 33441

7. Name and Address of New Registered Agent

Name
Badreddine, Nasser J
Street Address (P.O. Box Number is Not Acceptable)
8553 NW 47th ST
City
Coral Springs FL Zip Code
33067

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]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/20/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
BADREDDINE, NASSER J
STREET ADDRESS
3380 WEST HILLSBORO BLVD.
CITY-ST-ZIP
DEERFIELD BEACH, FL 33441 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
BADREDDINE, NASSER J ☒ Change ☐ Addition
STREET ADDRESS
8553 NW 47th ST
CITY-ST-ZIP
Coral Springs, FL 33067

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/06 9546807759
Date Daytime Phone #