2006 FOR PROFIT CORPORATION **ANNUAL REPORT** DOCUMENT # P00000028796 1. Entity Name PALM BEACH PIZZA SYSTEMS, INC. Mailing Address Principal Place of Business 1801 PALM BCH LAKES BLVD., SUITE 876 1801 PALM BCH LAKES BLVD., SUITE 876 W. PALM BCH, FL 33401 W. PALM BCH, FL 33401

FILED May 01, 2006 08:00 Al Secretary of State



DO NOT WRITE IN THIS SPACE

03302006 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number

5. Certificate of Status Desired

65-1048883

\$8.75 Additional

Davtime Phone #

Not Applicable

6. Name and Address of Current Registered Agent

RIVERA, PEDRO L 1801 PALM BCH LAKES BLVD., SUITE 876 W. PALM BCH, FL 33401

SIGNATURE:

DO NOT WRITE IN THIS SPACE

the colligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and title ill applicable (NOTE Registered Agent signature required when reinstating)					DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			U00000553610 05/15/06-80059-011 150,00	
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERA, PEDRO L 7725 BANYAN TERR FORT LAUDERDALE, FL 33321					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME SIREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling 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 cath; 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.						

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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