

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

05-27-2008 90041 042 \*\*\*150.00

**DOCUMENT # P00000031434**

1. Entity Name

MIRA PIZZA, INC.



Principal Place of Business

222 FIRST STREET SOUTH  
LAKE WALES FL 33853

Mailing Address

222 FIRST STREET SOUTH  
LAKE WALES FL 33853



2. Principal Place of Business - No P.O. Box #

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-3639414

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEDIANOUS, GABRIEL R  
222 FIRST STREET SOUTH  
LAKE WALES FL 33853

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 printed name of registered agent and true if applicable.

(NOTE: Registered Agent signature required when nominating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME DEDIANOUS, GABRIEL R  
STREET ADDRESS 222 FIRST STREET SOUTH  
CITY-ST-ZIP LAKE WALES FL 33853

TITLE S ☐ Delete  
NAME DEDIANOUS, KIM M  
STREET ADDRESS 222 FIRST STREET SOUTH  
CITY-ST-ZIP LAKE WALES FL 33853

TITLE T ☒ Delete  
NAME DEDIANOUS, IRMA  
STREET ADDRESS 222 FIRST STREET SOUTH  
CITY-ST-ZIP LAKE WALES FL 33853

TITLE V ☒ Delete  
NAME DEDIANOUS, GABRIEL JR.  
STREET ADDRESS 222 FIRST STREET SOUTH  
CITY-ST-ZIP LAKE WALES FL 33853

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary 4/28/08 863/676-7654

Date

Deputy Phone #