

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 28, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000060147

1. Entity Name  
A.P.B. PIZZA, INC.



Principal Place of Business  
11348 WILES RD.  
CORAL SPRINGS, FL 33065

Mailing Address  
2522 N. STATE RD. 7  
MARGATE, FL 33063



02182004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-1009774

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

PAPPALARDO, JOSEPH  
2522 N. STATE RD. 7  
MARGATE, FL 33063

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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  
STREET ADDRESS  
CITY - ST - ZIP  
D  
SABANOS, ANN-MARIE  
5781 NW 48TH DR.  
CORAL SPRINGS, FL 33067

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
DE FROSCIA, ROBERT W  
6252 SEMINOLE TERRACE  
MARGATE, FL 33063

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000070426  
03/01/04-80040-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Robert DeFrosia* 2-25-04 954.575-113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #