

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90033 002 ***150.00

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

DO NOT WRITE IN THIS SPACE



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1009774	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SABANOS, ANN-MARIE
STREET ADDRESS	5781 NW 48TH DR.
CITY- ST- ZIP	CORAL SPRINGS, FL 33067
TITLE	D
NAME	DE FROSCIA, ROBERT W
STREET ADDRESS	6252 SEMINOLE TERRACE
CITY- ST- ZIP	MARGATE, FL 33063
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert DeFrosco 2-15-07 954-585-1132

ATTACHMENT

J & G Accounting and Financial Services, Inc.

1/26/2007 10:34 AM

Register: Accounts Receivable

From 01/01/2007 through 01/26/2007

Sorted by: Date, Type, Number/Ref

60018899
#P00006060147

Date	Number	Customer	Memo/Description	Qty	Rate	Charge	Paid	Balance
01/05/2007		APB Pizza, Inc.	October 2006 Accou...		100.00	100.00		-140.00
01/05/2007		APB Pizza, Inc.	November 2006 Acc...		100.00	100.00		-40.00
01/23/2007		APB Pizza, Inc.	December 2006 Acc...		100.00	100.00		60.00
01/23/2007		APB Pizza, Inc.	End of year payroll - ...		125.00	125.00		185.00
01/26/2007		APB Pizza, Inc.	Corporate Tax Retur...		495.00	495.00		680.00
01/26/2007		APB Pizza, Inc.	Corporate State Tax ...		95.00	95.00		775.00