2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000060147

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

Principal Place of Business	Mailing Address
11348 WILES RD.	2522 N. STATE RD. 7
CORAL SPRINGS, FL 33065	MARGATE, FL 33063

DO NOT WRITE IN THIS SPACE

01302008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1009774	Not Applicable

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

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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, 2008 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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/06/08-80007-025 150.00

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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: _____ Robert DeFroscia 2-18-08 954-575-1132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #