2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 8:00 am Secretary of State

Subs. Apr. 4 for J. Subs.	DOCUMENT # P0000086015 1. Entity Name NORA'S PIZZA, INC.					05-02-2008 90165 039 ***150.00			
ACKSONVILLE, FL 32202 ACKSONVILLE, FL 32225	Principal Place	of Business	Mailing Address			40039	1686		
2. Projection Brace of Business - No P.O. Box # 3. Mailling Address Suite Att ** Act Suite Att			236 W ADAMS ST	202					
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STE 17 City & State A. FRI-Number									
Country Country Country Country Country Country S. Certificate of Status Desired S8.75 Additional Fee Required			Suite, Apt. #, etc.	,		04292008	Chg-P	CR2E034 (12/06))
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Similar Address of Current Registered Agent T. Name and Address of New Registered Agent T. Name and Address of New Registered Agent T. Name T. Nam			Zip	Count	ry			□ \$8.75 Ad	ditional
BULUT, MAHMUT 2271 HUCKINS COURT JACKSONVILLE, FL 32225 City FL Zip Code City FL Z	في المحال	6. Name and Address of Current	Registered Agent			<u> </u>		Fee Requir	
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	DINIT M			1	Name				
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature	2271 HUCKINS COURT JACKSONVILLE, FL 32225				Street Address (P.O. Box Number is Not Acceptable)				
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	-				City		<u> </u>	□ Zip Co	de
the obligations of registered agent. SIGNATURE Signature. Speak of united rates of registered agent and free it applicable. FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. MAKE BULUT, MAHMUT 2271 HUCKINS COURT JACKSONVILLE, FL 32225 TITLE MAKE TOWN-SI-79 TITLE JACKSONVILLE, FL 32225 TITLE	8. The above	named entity submits this statement for	or the purpose of changing its	s registere		red agent, or bo	oth, in the State of F	<u> </u>	
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indicated on this report or supplemental report is true and accorate 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 wher like empowered.	indicated of the cor	on this report or supplemental report poration or the receiver or trustee emp	is true and accorate and that powered to execute this repor	my signat rt as requir	emptions containe ture shall have the red by Chapter 60	ed in Chapter 11 e same legal effe 07, Florida Statut	ect as if made unde tes; and that my na	er oath; that I am an offic ime appears in Block 10	e information er or director or Block 11 if
SIGNATURE: SIGNATURE AND TYPED ON PENTED NAME OF SIGNING OFFICER OR DIRECTOR Date	1	une.	11 WX U 1.			A	/ 20	08	