

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000110816

Entity Name: F.A.T.S. PIZZA, INC.

**FILED**  
**Mar 28, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2088 NW COURTYARD CIR  
PORT SAINT LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

5020 PALMETTO AVE.  
FT. PIERCE, FL 34982

**New Mailing Address:**

2088 NW COURTYARD CIR  
PORT SAINT LUCIE, FL 34986

FEI Number: 65-1065588

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SILVA, FRANK P  
5020 PALMETTO AVE.  
FT. PIERCE, FL 34982 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: SILVA, FRANK P  
Address: 5020 PALMETTO AVE.  
City-St-Zip: FT. PIERCE, FL 34982

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRANK P SILVA

DP

03/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date