

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000005223

FILED
Mar 26, 2009
Secretary of State

Entity Name: MAZZOLA'S WEST, RESTAURANT AND PIZZERIA, INC.

Current Principal Place of Business:

12585 ORANGE DR., STE. 201
DAVIE, FL 33330

New Principal Place of Business:

Current Mailing Address:

12585 ORANGE DR.
SUITE 201
DAVIE, FL 33330

New Mailing Address:

12585 ORANGE DR., STE. 201
DAVIE, FL 33330

FEI Number: 65-1076342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAZZOLA, GIUSEPPE
12585 ORANGE DR., STE. A
DAVIE, FL 33330 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAZZOLA, GUISEPPE
Address: 12585 ORANGE DR., SUITE #201
City-St-Zip: DAVIE, FL 33330

Title: S () Delete
Name: MAZZOLA, MARGARET
Address: 12585 ORANGE DR., SUITE #201
City-St-Zip: DAVIE, FL 33330

Title: D () Delete
Name: MAZZOLA, MARIANNE
Address: 12585 ORANGE DR., SUITE #201
City-St-Zip: DAVIE, FL 33330

Title: D () Delete
Name: MAZZOLA, JOSEPH
Address: 12585 ORANGE DR., SUITE #201
City-St-Zip: DAVIE, FL 33330

Title: D () Delete
Name: MAZZOLA, ANTHONY
Address: 12585 ORANGE DR., SUITE #201
City-St-Zip: DAVIE, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GIUSEPPE MAZZOLA

P

03/26/2009

Electronic Signature of Signing Officer or Director

_____ Date