

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000052284

FILED  
Jul 09, 2007  
Secretary of State

Entity Name: THE TWO PIZZA MEN CORPORATION

## Current Principal Place of Business:

18063 SOUTH DIXIE HWY  
MIAMI, FL 33157

## New Principal Place of Business:

## Current Mailing Address:

18063 SOUTH DIXIE HWY  
MIAMI, FL 33157

## New Mailing Address:

FEI Number: 65-1107272

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PAPAGEORGIOU, THOMAS JR.  
18063 SOUTH DIXIE HWY  
MIAMI, FL 33157 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: PAPAGEORGIOU, THOMAS JR  
Address: 18063 SOUTH DIXIE HWY  
City-St-Zip: MIAMI, FL 33157

Title: VD ( ) Delete  
Name: PENA, ALEXIS  
Address: 18063 SOUTH DIXIE HWY  
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete  
Name: STORCH, HYMAN  
Address: 18063 SOUTH DIXIE HWY  
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete  
Name: PAPAGEORGIOU, YENNIFER  
Address: 18063 SOUTH DIXIE HWY  
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete  
Name: PENA, XENIA  
Address: 18063 SOUTH DIXIE HWY  
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete  
Name: STORCH, ADRIENNE  
Address: 18063 SOUTH DIXIE HWY  
City-St-Zip: MIAMI, FL 33157

## 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:

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: HYMAN STORCH

D

07/09/2007

Electronic Signature of Signing Officer or Director

Date