

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90062 013 ***150.00

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1. Entity Name
PIZZA CITY II, INC.



Principal Place of Business
6829 JHONSON ST
HOLLYWOOD, FL 33024

Mailing Address
6829 JHONSON ST
HOLLYWOOD, FL 33024

40068664



DO NOT WRITE IN THIS SPACE

02192008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1127562

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

VARGAS, LUIS
7081 NW 16TH ST., APT. 204B
PLANTATION, FL 33313

**DO NOT WRITE
IN THIS SPACE**

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 VP
NAME VARGAS, LUIS F
STREET ADDRESS 70-81 NW 16TH STREET, APT. 204 B
CITY-ST-ZIP PLANTATION, FL 33313

TITLE P
NAME VASQUEZ, ROSA STELLA
STREET ADDRESS 4718 ADAMS STREET
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE ST
NAME MORALES, HOSMAN
STREET ADDRESS 4718 ADAMS STREET
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-08

Date

Daytime Phone #