## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT

SIGNATURE:

## **Secretary of State** DOCUMENT # P01000086072 02-21-2005 90062 044 \*\*\*150.00 ANTHONY'S COAL-FIRED PIZZA, INC. 40020707 Principal Place of Business Mailing Address 2203 SOUTH FEDERAL HWY ►1191 E: NEWPORT CTR. DR. FT LAUDERDALE, FL 33315 STF 103 --DEERFIELD BEACH, FL 33442 2. Principal Place of Business 3. Mailing Address 3081 E. Commercial BWD Suite, Apt. #, etc Suite, Apt. #, etc. 02042005 CR2E034 (10/03) Applied For City & State \_City & State 4 FFI Number 60-0000840 Not Applicable 33308 Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRUNO, ANTHONY Street Address (P.O. Box Number is Not Acceptable) 330 STATE ROAD 84 FORT LAUDERDALE, FL 33315 City Zip Code 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 aignature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Delete TITLE Change ☐ Addition BRUNO, ANTHONY NAME NAME STREET ADDRESS 330 STATE ROAD 84 STREET ADDRESS FORT LAUDERDALE, FL 33315 CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE Channe ☐ Addition MOZZICATO, MICHELANGELO NAME NAME 2203 S FEDERAL HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33315 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental perfortlys 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 a others like empowered.

TO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.14-05

914. 46× 551.

FILED Feb 21, 2005 8:00 am