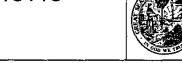
## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMEN</b>	T #

P01000118118

1. Entity Name ROCKET PIZZA, INC.



**FILED** Jan 31, 2003 8:00 am Secretary of State 01-31-2003 90370 004 \*\*\*150.00

Principal Place of Business 601 N. FEDERAL HIGHWAY POMPANO BEACH FL 33062			Mailing Address 601 N. FEDERAL HIGHWAY POMPANO BEACH FL 33062								
2. Principal P	lace of Busin	ess	3. Mai	ling Address		<u>.</u>		) 1881/1880 (1) 45194 (1)81) 881/4 881/1 FB(6) 1188/ 1188/ 1188/ 1188/ 1188/ 1188/			
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES			
City & State			City & State				4. 1	FEI Number 47-0846890 Applied I Not Appl			
Zip Country			Zip Country			У	5. (	5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name	and Address of Current	Registere	d Agent			7. 1	Name and Address of New Registered Agent			
FENNER,	JOHN P ÉS	0.				Name Street Addr	ress (PO B	Box Number is Not Acceptable)			
2840 N.W. BOCA RATON BLVD. STE. 107				-	Street Address (1.0. dox notificer is not Acceptable)						
BOCA RATON FL 33431				-	City		FL Zip Code				
	named entity ions of regist		the purp	ose of changing its	registered	d office or reg	gistered ag	pent, or both, in the State of Florida. I am familiar with, and ac	cept		
SIGNATURE _	Signature, typed	or printed name of registered agent a	and title if app	licable. (NOTE	: Registered	Agent signature re	equired when re	einstating) DATE	_		
After	r May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department of	State	,,,,		<u></u>	,	9. Election Campaign Financing \$5.00 May Trust Fund Contribution.   Added to Fee			
10.		OFFICERS AND	DIRECTO	RS	11.	<u> </u>	AD	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
STREET ADDRESS	601 N. FEI	Aymond a Jr. Deral Highway Beach fl 33062	-	☐ Delete	TITLE NAME STREET CITY-S	f Address		☐ Change ☐ A	ddition		
STREET ADDRESS	D Delete KARAM, RAY JR. 5 601 N. FEDERAL HIGHWAY POMPANO BEACH FL 33062		TITLE NAME STREET CITY-S	f address St-zip		☐ Change ☐ A	ddition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			☐ Delete		ADDRESS ST-ZIP	· -	☐ Change ☐ A	ddition		
TITLE NAME STREET ADORESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	TADDRESS ST-ZIP		☐ Change ☐ A	idition		
TITLE NAME STREET ADORESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS		☐ Change ☐ A	ddition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP		☐ Change ☐ Ad	dition		

I hereby 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 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 furstee 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: