2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000006404

1. Entity Name
D. ORIGINAL MUNCHY'S PIZZA PASTA, SUBS & SALADS, INC.

J4U∠1∠1y

Principal Place of Business	Mailing Address
850 IVES DAIRY RD #T 42A MIAMI, FL 33179	850 IVES DAIRY RD #T 42A MIAMI, FL 33179

DO NOT WRITE IN THIS SPACE

03282004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
03-0034409		Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, CHARLENE
14521 NW 88TH PLACE
MIAMI LAKES, FL 33018

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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 _Charlene Gon_   _4-29-04_

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, 2004 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	GONZALEZ, CHARLENE
STREET ADDRESS	14521 NW 88TH PLACE
CITY-ST-ZIP	MIAMI LAKES, FL 33018

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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12. 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 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: _Charlene_   _CHARLENE GONZALEZ_   _4-29-04_   _305 493-0170_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #