


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000027401</b> 1. Entity Name PIZZA SUPREMA, INC.	
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Principal Place of Business 1905 COLLIER PKWY. LUTZ, FL 33549	Mailing Address 1905 COLLIER PKWY. LUTZ, FL 33549
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<b>DO NOT WRITE IN THIS SPACE</b>
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01142008 No Chg-P CR2E034 (11/05)

4. FEI Number 26-0055429	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MARCHICA, LUIGI 1905 COLLIER PKWY. LUTZ, FL 33549
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MARCHICA, LUIGI 24528 LAUREL RIDGE DRIVE LUTZ, FL 33559
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARCHICA, LINA 24258 LAUREL RIDGE DRIVE LUTZ, FL 33559
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARCHICA, FRANK 24258 LAUREL RIDGE DRIVE LUTZ, FL 33559
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000792669 01/24/08-80015-016 150.00</p> <b>DO NOT WRITE IN THIS SPACE</b>
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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.

<b>SIGNATURE:</b> <i>Frank Marchica</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	01-20-08 813 909-4999 Date Daytime Phone #
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