

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000027401

1. Entity Name
PIZZA SUPREMA, INC.



FILED

2008 APR -7 PM 12: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1905 COLLIER PKWY.
LUTZ, FL 33549

Mailing Address
1905 COLLIER PKWY.
LUTZ, FL 33549

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country



03132008 Chg-P CR2E034 (12/06)

4. FEI Number
26-0055429

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MARCHICA, LUIGI
1905 COLLIER PKWY.
LUTZ, FL 33549

7. Name and Address of New Registered Agent
Name Frank Marchica
Street Address (P.O. Box Number is Not Acceptable)
1905 Collier Parkway
City Lutz FL Zip Code 33549

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.

X SIGNATURE Frank Marchica DATE 3/13/08

(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MARCHICA, LUIGI 24528 LAUREL RIDGE DRIVE LUTZ, FL 33559 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Frank Marchica 22829 Hawk Hill Loop Land O'Lakes, FL 34639 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARCHICA, LINA 24258 LAUREL RIDGE DRIVE LUTZ, FL 33559 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARCHICA, FRANK 24258 LAUREL RIDGE DRIVE LUTZ, FL 33559 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Luigi Marchica 24258 Laurel Ridge Dr. Lutz, FL 33559 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800122864418 04/10/08--01002--025 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X Frank Marchica DATE 3/13/08 813-995-5911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/08