

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

|                                                          |                                                                                   |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P02000046514</b>                           |  |
| 1. Entity Name<br><b>REAL NEW YORK PIZZA CORPORATION</b> |                                                                                   |

|                                                                                              |                                                                    |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Principal Place of Business<br><b>11741 SOUTH ORANGE BLOSSOM TRAIL<br/>ORLANDO, FL 32837</b> | Mailing Address<br><b>2438 BENJAMIN DR<br/>KISSIMMEE, FL 34744</b> |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------|



01192006 No Chg-P CR2E034 (11/05)

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|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>58-1219459</b>                        | Applied For<br><input type="checkbox"/> 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<br><br><b>TORRES, WILFREDO<br/>11741 SOUTH ORANGE BLOSSOM TRAIL<br/>ORLANDO, FL 32837</b> |
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6. 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]* DATE 02/20/06  
Signature, typed or printed name of registered agent and d/e if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**1000000444325  
03/06/06-80047-021 150.00**

| 10. OFFICERS AND DIRECTORS                     |                                                                   |
|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>TORRES, WILFREDO<br>2438 BENJAMIN DR<br>KISSIMMEE, FL 34744 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   |

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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.

SIGNATURE: *[Signature]* DATE 02/20/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #