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Jul 21, 2003 8:00 am
Secretary of State
04-28-2003 91435 037 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

44005519

DOCUMENT # P02000046514

1. Entity Name
REAL NEW YORK PIZZA CORPORATION

[redacted]

Principal Place of Business
11741 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837

Mailing Address
~~600 W THACKER AVE~~
~~SUITE B-7~~
~~KISSIMMEE, FL 34741~~

[redacted]

2. Principal Place of Business	3. Mailing Address
	2438 BEJAMIN Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State KISSIMMEE, FL.
Zip / Country	Zip 34744 / Country US.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 58-1219459 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
TORRES, WILFREDO
11741 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

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 ______ Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. Date

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	P ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P, D WILFREDO TORRES 2438 BENJAMIN DR. KISSIMMEE, FL 34744 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] 4/18/03 407-857-9662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #