2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000048660

1. Entity Name

AL'S PIZZERIA CORPORATION



Principal Place of Business

Mailing Address

1107 BRYAN STREET KISSIMMEE, FL 34741 1107 BRYAN STREET KISSIMMEE, FL 34741

FILED Apr 07, 2006 8:00 am Secretary of State

04-07-2006 90036 027 ***150.00

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04052006 No Chg-P

CR2E034 (11/05)

 \Box

4. FEI Number 37-1467044

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OCASIO, JULIO 1107 BRYAN STREET KISSIMMEE, FL 34741

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DO NOT WRITE IN THIS SPACE

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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OCASIO, JULIO 1107 BRYAN STREET KISSIMMEE, FL 34741				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	;				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not quality 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 of 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:

NAME STREET ADDRESS CITY-ST-ZIP

IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-0

404-935-006

Daytime Phone #