

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90118 040 ***150.00

DOCUMENT # P02000052879

1. Entity Name
PAISANO'S PIZZA, INC.



Principal Place of Business
**8411 LAGOS DE CAMPO BLVD.
APT. #U308
TAMARAC, FL 33321**

Mailing Address
**8411 LAGOS DE CAMPO BLVD.
APT. #U308
TAMARAC, FL 33321**

24072729



04232004 Chg-P CR2E034 (10/03)

2. Principal Place of Business
7168 N. UNIVERSITY DRIVE
Suite, Apt. #, etc.

3. Mailing Address
7168 N. UNIVERSITY DRIVE
Suite, Apt. #, etc.

City & State
TAMARAC, FL
Zip
33321

City & State
TAMARAC, FL
Zip
33321

4. FEI Number
04-3663666

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NOFIL, JOSEPH K P.A.
3284 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete
NAME **CURKOSKI, MIRCE**
STREET ADDRESS **8411 LAGOS DE CAMPO BLVD. APT #U308**
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **VSD** ☒ Delete
NAME **CURKOSKI, LEPA**
STREET ADDRESS **8411 LAGOS DE CAMPO BLVD. APT. #U308**
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VSD** ☐ Change ☒ Addition
NAME **DENIS GASHI**
STREET ADDRESS **7168 N. UNIVERSITY DRIVE**
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Mirce Curkoski MIRCE CURKOSKI 4/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #