


2005 FOR PROFIT CORPORATION ANNUAL REPORT

MAILED TO DIV OF CORP.
FILED 198
Jan 24, 2005 08:00 AM
Secretary of State
Dept. OF STATE

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|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P02000071199 1. Entity Name TASTE OF NEW YORK PIZZERIA & CAFE', INC. |  |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

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|-----------------------------------------------------------------------|-----------------------------------------------------------|
| Principal Place of Business 1376 BURGUNDY DR FT MYERS, FL 33919 | Mailing Address 1376 BURGUNDY DR FT MYERS, FL 33919 |
|-----------------------------------------------------------------------|-----------------------------------------------------------|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



01142005 Chg-P CR2E034 (10/03)

4. FEI Number
42-1541452

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SERWIN, ROBERT V
1376 BURGUNDY DR
FORT MYERS, FL 33919

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 _____ (NOTE: Registered Agent signature required when reinstalling)

| | | |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | DATE Paid # 150.00 1/19/05 # 4162 |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SERWIN, ROBERT V 1376 BURGURDY DR FORT MYERS, FL 33919 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition UN00000190480 01/24/05-80129-024 150.00 |
| 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 |
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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: Robert V Serwin 1/19/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #