


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90455 047 ***158.75

DOCUMENT # P02000134773 1. Entity Name THE PIZZA'S ART CORP.	
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Principal Place of Business 5891 NW 36TH STREET VIRGINIA GARDENS, FL 33166	Mailing Address 5891 NW 36TH STREET VIRGINIA GARDENS, FL 33166
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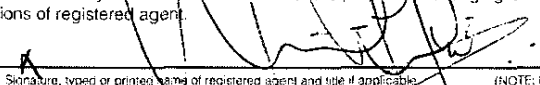
2. Principal Place of Business A 6320 NW 114TH AVE. Suite, Apt. #, etc. A 1221 City & State Miami FL. Zip A 33178	3. Mailing Address Suite, Apt. #, etc. City & State Country USA
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24073556



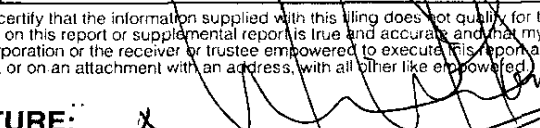
02192004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent GONZALEZ, WILLIAMS D 5891 NW 36TH STREET VIRGINIA GARDENS, FL 33166	7. Name and Address of New Registered Agent Name William Gonzalez Street Address (P.O. Box Number is Not Acceptable) A 6320 NW 114TH AVE # 1221 City Miami FL. Zip Code FL 33178
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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 reappointing)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, WILLIAMS D 5891 NW 36TH STREET VIRGINIA GARDENS, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #