2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000003359

FILED Feb 04, 2008 Secretary of State

Entity Name: PIZZERIA CASANOVAS BISTRO RESTAURANT, INC.

Current Principal Place of Business:		New Principal Place of Business:		
801 BRIC 2402 MIAMI, FL	KELL KEY BLV . 33131	VD.		
Current Mailing Address:		New Mailing Address:		
801 BRICI 2402 MIAMI, FL	KELL KEY BLV	/D.		
FEI Number	r: 72-1545193	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
2402	RGE KELL KEY BLV . 33131 US	/D.		
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	e named entity te of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
in the Stat	te of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
n the Stat	te of Florida.	submits this statement for the points statemen		ed office or registered agent, or both, Date
n the Stat SIGNATU	te of Florida. IRE: Electro			
in the Stat	te of Florida. IRE: Electro	nic Signature of Registered Aging Trust Fund Contribution ().	ent	
in the Stat	te of Florida. IRE: Electro Impaign Financii IS AND DIREC	onic Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete L KEY BLVD.	ent	Date
in the Stat SIGNATU Election Ca OFFICER Title: Name: Address:	te of Florida. IRE: Electro Impaign Financia IS AND DIRECT ST (SANZ, AIMEE 801 BRICKEL MIAMI, FL 33	onic Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete L KEY BLVD. 131 US) Delete RLOS	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS FONTELA VD 02/04/2008