
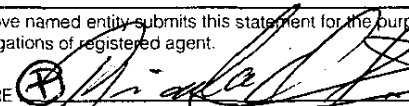
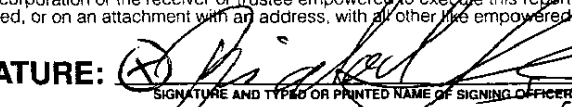


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90056 045 ***150.00

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|---|------|----------------|----------------|-----------------|-------------|---------------------|--|--|--|-------|---|------|--|----------------|--|-------------|--|
| DOCUMENT # P03000003445 1. Entity Name NEW YORK NEW YORK PIZZA, INC. | | | |  | | | | | | | | | | | | | | | | | |
| Principal Place of Business 954 NE PINE ISLAND RD., UNIT #D CAPE CORAL FL 33909 | | | Mailing Address 954 NE PINE ISLAND RD., UNIT #D CAPE CORAL FL 33909 | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 613 S.W. 9th Avenue Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | |
| City & State Zip | | City & State Cape Coral, FLA. Zip 33991 | | Country USA | | | | | | | | | | | | | | | | | |
| 4. FEI Number 81-0588755 | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent LEIVA, RICARDO 954 NE PINE ISLAND RD., UNIT #D CAPE CORAL FL 33909 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 613 S.W. 9th Avenue City Cape Coral FL Zip Code 33991 | | | | | | | | | | | | | | | | | | |
| 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  DATE 4-20-04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LEIVA, RICARDO</td> </tr> <tr> <td>STREET ADDRESS</td> <td>613 SW 9TH AVE.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CAPE CORAL FL 33991</td> </tr> </table> | | | TITLE | D <input type="checkbox"/> Delete | NAME | LEIVA, RICARDO | STREET ADDRESS | 613 SW 9TH AVE. | CITY-ST-ZIP | CAPE CORAL FL 33991 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | STREET ADDRESS | | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | |
| NAME | LEIVA, RICARDO | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 613 SW 9TH AVE. | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | CAPE CORAL FL 33991 | | | | | | | | | | | | | | | | | | | | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> | | | TITLE | <input type="checkbox"/> Delete | NAME | | STREET ADDRESS | | CITY-ST-ZIP | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | STREET ADDRESS | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> | | | TITLE | <input type="checkbox"/> Delete | NAME | | STREET ADDRESS | | CITY-ST-ZIP | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | STREET ADDRESS | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> | | | TITLE | <input type="checkbox"/> Delete | NAME | | STREET ADDRESS | | CITY-ST-ZIP | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | STREET ADDRESS | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> | | | TITLE | <input type="checkbox"/> Delete | NAME | | STREET ADDRESS | | CITY-ST-ZIP | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | STREET ADDRESS | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE _____ DAYTIME PHONE # _____ <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | | | | | | | | | | | | | | | | | |