

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90009 041 ***150.00

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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
613 SW 9TH AVE.
CAPE CORAL, FL 33991

2. Principal Place of Business
12995 So. Clearland Ave.

3. Mailing Address

Suite, Apt. #, etc.
Ste #170

Suite, Apt. #, etc.

City & State
Ft. Myers, FLA.

City & State

Zip 33907 Country USA

Zip Country

01142005 Chg-P CR2E034 (10/03)

4. FEI Number
81-0588755

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEIVA, RICARDO
613 SW 9TH AVE.
CAPE CORAL, FL 33991

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME LEIVA, RICARDO
STREET ADDRESS 613 SW 9TH AVE.
CITY-ST-ZIP CAPE CORAL, FL 33991

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

Ricardo O. Leiva 1/19/05 239-437-7492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #