

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90028 046 ***150.00

DOCUMENT # P03000003445													
1. Entity Name NEW YORK NEW YORK PIZZA, INC.													
Principal Place of Business 1322 HOMESTEAD RD, NE LEHIGH ACRES, FL 33936			Mailing Address 613 SW 9TH AVE. CAPE CORAL, FL 33991										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address											
Suite, Apt. #, etc.		Suite, Apt. #, etc.											
City & State		City & State		4. FEI Number 81-0588755									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name <i>Ricardo Dante Leiva</i></td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable) <i>613 SW 9th Ave</i></td> </tr> <tr> <td colspan="2" style="padding: 2px;">City <i>Cape Coral</i></td> </tr> <tr> <td style="padding: 2px; text-align: center;">FL</td> <td style="padding: 2px;">Zip Code <i>33991</i></td> </tr> </table>			Name <i>Ricardo Dante Leiva</i>		Street Address (P.O. Box Number is Not Acceptable) <i>613 SW 9th Ave</i>		City <i>Cape Coral</i>		FL	Zip Code <i>33991</i>
Name <i>Ricardo Dante Leiva</i>													
Street Address (P.O. Box Number is Not Acceptable) <i>613 SW 9th Ave</i>													
City <i>Cape Coral</i>													
FL	Zip Code <i>33991</i>												
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 _____ <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, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees											
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11										
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEIVA, RICARDO 613 SW 9TH AVE. CAPE CORAL, FL 33991		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Leiva, Ricardo D.</i> <i>613 SW 9th Ave</i> <i>Cape Coral, FL 33991</i>									
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition									
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Debiram, Donny</i> <i>1430 Mendel Rd</i> <i>Fort Myers, FL 33919</i>									
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									
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 exemptions contained 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 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: <i>Ricardo Leiva</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-15-08 239-7384283 <small>Date Daytime Phone #</small>										