

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90309 050 \*\*\*150.00

**DOCUMENT # P03000020762**

1. Entity Name

LAUDANNO'S PIZZERIA, INC.



Principal Place of Business

7794A N.W. 44TH STREET  
SUNRISE FL 33351

Mailing Address

7794A N.W. 44TH STREET  
SUNRISE FL 33351

2. Principal Place of Business

7788 NW 44 St  
Suite, Apt. #, etc.

3. Mailing Address

7788 NW 44 St  
Suite, Apt. #, etc.

City & State

Sunrise, FL

Zip

33351

Country

U.S.A.

City & State

Sunrise FL

Zip

33351

Country

U.S.A.

4. FEI Number

51-0451513

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

MOORE

CR2E034 (11/03)



6. Name and Address of Current Registered Agent

LAUDANNO, BRIAN  
7794A N.W. 44TH STREET  
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name

LAUDANNO, BRIAN

Street Address (P.O. Box Number is Not Acceptable)

7788 NW 44 St.

City

Sunrise

FL

Zip Code  
33351

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)

4/25/04  
DATE

**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.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LAUDANNO, BRIAN  
7794A N.W. 44TH STREET  
SUNRISE FL 33351 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Pres.  
LAUDANNO BRIAN  
7788 NW 44 St  
Sunrise FL 33351 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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

4/25/04  
Date

954 741 3844  
Daytime Phone #