


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 23, 2004 8:00 am**  
**Secretary of State**

09-23-2004 90002 005 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P03000032111</b>              |  |
| 1. Entity Name<br><b>PIZZA NOSTRA, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>12701 S JOHN YOUNG PKWY<br/>ORLANDO, FL 32837</b> | Mailing Address<br><b>12701 S JOHN YOUNG PKWY<br/>ORLANDO, FL 32837</b> |
|---|---|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



08112004 Chg-P CR2E034 (10/03)

|   |  |
|---|--|
| 4. FEI Number<br><b>200041283</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |

|  |  |  |  |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent<br><b>ARCANA, FABIOLA<br/>12701 S JOHN YOUNG PKWY<br/>ORLANDO, FLORIDA, FL 32837</b> |  | 7. Name and Address of New Registered Agent        |  |
| Name   |  | Name   |  |
| Street Address (P.O. Box Number is Not Acceptable)   |  | Street Address (P.O. Box Number is Not Acceptable) |  |
| City   |  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees. In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS |                             |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |   |
|----------------------------|-----------------------------|--|---|--|---|
| TITLE                      | D                           | <input checked="" type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ARCANA, FABIOLA             |  | NAME  |  |   |
| STREET ADDRESS             | 4619 TERRA VISTA WAY        |  | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | ORLANDO, FL 32837           |  | CITY-ST-ZIP   |  |   |
| TITLE                      | D                           | <input checked="" type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ARCANA, ANTONIO             |  | NAME  |  |   |
| STREET ADDRESS             | 4619 TERRA VISTA WAY        |  | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | ORLANDO, FL 32837           |  | CITY-ST-ZIP   |  |   |
| TITLE                      | D                           | <input type="checkbox"/> Delete            | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PAULINO, RAFAEL D           |  | NAME  |  |   |
| STREET ADDRESS             | 1000 CASA DEL SOL CR        |  | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | ALTAMONTE SPRINGS, FL 32714 |  | CITY-ST-ZIP   |  |   |
| TITLE                      | D                           | <input type="checkbox"/> Delete            | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PAULINO, RAMONA D           |  | NAME  |  |   |
| STREET ADDRESS             | 1000 CASA DEL SOL CR        |  | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | ALTAMONTE SPRINGS, FL 32714 |  | CITY-ST-ZIP   |  |   |
| TITLE                      |                             | <input type="checkbox"/> Delete            | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                             |  | NAME  |  |   |
| STREET ADDRESS             |                             |  | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                             |  | CITY-ST-ZIP   |  |   |
| TITLE                      |                             | <input type="checkbox"/> Delete            | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                             |  | NAME  |  |   |
| STREET ADDRESS             |                             |  | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                             |  | 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: *Ramona Paulino* 5-27-04 407-260 6672  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #