## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000073803

NASBAR PIZZA, INC.



Principal Place of Business

33497 S. DIXIE HIGHWAY FLORIDA CITY, FL 33034 Mailing Address

33497 S. DIXIE HIGHWAY FLORIDA CITY, FL 33034

**FILED** Apr 07, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

No Chg-P 03302008

CR2E034 (11/05)

4. FEI Number 55-0839871

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WARD, KEVIN B 33497 S. DIXIE HIGHWAY FLORIDA CITY, FL 33034 DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOWIS FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be

OFFICERS AND DIRECTORS 10. TITLE WARD, KEVIN NAME 33497 S DIXIE HIGHWAY STREET ADDRESS CITY - ST - 702 FLORIDA CITY, FL 33034 TITLE NAME STREET ACCRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

DO NOT WRITE IN THIS SPACE

1000000496156 104.82705 80001-022

12. I hereby certify that the information supplied with this filling 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 in changed, or on an attachment with an address, with all other

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-2478002