## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 15, 2008 08:00 AM Secretary of State

2-8-08 3052475002

DOCUMENT # P03000073803  1. Entity Name NAZBAR PIZZA, INC.				Secretary of Sta
Principal Plac 33497 S. DIX FLORIDA CIT	KIE HIGHWAY	Mailing Address 33497 S. DIXIE HIGHWAY FLORIDA CITY, FL 33034		
DO NOT WRITE IN THIS SPACE				02042008 No Chg-P CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE			GE ,	4. FEI Number Applied For 55-0839871 Not Applicable
			en en e	5. Certificate of Status Desired  \$8.75 Additional Fee Required
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  SIGNATURE				
	Signature, typed or printed name of registered agent and	1	d Agent signature required	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				ded to Fees
10.	OFFICERS AND DI	RECTORS		
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	WARD, KEVIN 33497 S DIXIE HIGHWAY FLORIDA CITY, FL 33034			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				000000828693 02/26/08-80012-003 150.00
TITLE NAME STREET AODRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS CITY - ST - ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Contraction of	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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 frustee 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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