


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000078619	
1. Entity Name POWER PROTEIN PIZZA, INC.	

FILED
07 APR 23 AM 8:28

RECEIVED
TALLAHASSEE, FLORIDA



Principal Place of Business 2773 S.W. CORAL WAY MIAMI, FL 33145	Mailing Address 510 SW 39 AVENUE MIAMI, FL 33134
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03212007 Chg-P CR2E034 (12/06)

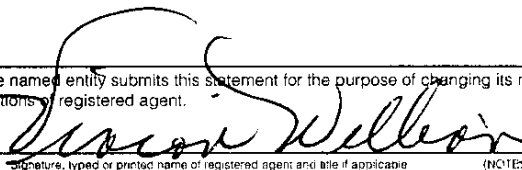
4. FEI Number 83-0377888	Applied For Not Applicable
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5. Certificate of Status Desired	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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LOPEZ, FERNANDO 510 SW 39 AVENUE MIAMI, FL 33134	Name FLORIDA ANNUAL REPORT SERVICES, INC Street Address (P.O. Box Number is Not Acceptable) 2300 CORAL WAY SUITE 200 City MIAMI FL Zip Code 33145
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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:  - VIVIAN WILLIAMS
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 4/20/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees 04/27/07--01005--028 **\$158.75	000099073460
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, FERNANDO 510 SW 39 AVENUE MIAMI, FL 33134 <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	D SUAREZ, MICHAEL J 510 S.W. 39TH AVENUE MIAMI, FL 33134 <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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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

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:  4/11/07 (805) 854 0080
Signature and typed or printed name of signing officer or director Date Daytime Phone #

FERNANDO LOPEZ, DIRECTOR