




2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90043 040 ***150.00

DOCUMENT # P03000096938					
1. Entity Name PIZZERIA MASHKA, INC.					
Principal Place of Business 444 BRICKELL AVE., STE. 616 MIAMI, FL 33131			Mailing Address 444 BRICKELL AVE., STE. 616 MIAMI, FL 33131		
2. Principal Place of Business 570 CLOVER LANE Suite, Apt. #, etc.		3. Mailing Address 570 CLOVER LANE Suite, Apt. #, etc.			
City & State KISSIMMEE, FLORIDA		City & State KISSIMMEE, FLORIDA		4. FEI Number 03182004 Chg-P CR2E034 (10/03) 20-0207844	
Zip 34746		Country OSCEOLA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REYES, DANIEL 8939 BUENA PLACE #6107 WINDERMERE, FL 34786			7. Name and Address of New Registered Agent Name: JOSE A PINEDA Street Address (P.O. Box Number is Not Acceptable): 570 CLOVER LANE City: KISSIMMEE FL Zip Code: 34746		
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:  DATE: 3/18/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PINEDA, JOSE A 4121 MISSION CT. #106 KISSIMMEE, FL 34741		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D/S Jose A. Pineda 570 CLOVER LANE KISSIMMEE, FLORIDA 34746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ORTEGA, YAEETHDE 4121 MISSION CT #106 KISSIMMEE, FL 34741		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YAEETHDE ORTEGA 570 CLOVER LANE KISSIMMEE, FLORIDA 34746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REYES, DANIEL 8939 BUENA PLACE #6107 WINDERMERE, FL 34786		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  3/18/04 407-300-7570