

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 04, 2004 8:00 am
Secretary of State

08-04-2004 90014 020 ***150.00

DOCUMENT # P03000122425

1. Entity Name

PIZZA MIA OF COLLIER, INC.



Principal Place of Business

407 FOREST HILLS BLVD
NAPLES FL 34113

Mailing Address

407 FOREST HILLS BLVD
NAPLES FL 34113

54066681



MOORE

CR2E034 (4/04)

2. Principal Place of Business

1180 6th Ave. S.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES

City & State

SAFME

4. FFL Number

56-2402965

Applied For

Not Applicable

Zip

34102

Country

USA

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAUX, JAUQUES ALLE
407 FOREST HILLS BLVD
NAPLES FL 34113

7. Name and Address of New Registered Agent

Name

MINET Guy

Street Address (P.O. Box Number is Not Acceptable)

180 Furse Lakes Cir E 6

City NAPLES

FL

Zip Code

34104

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME HAUX, JAUQUES ALLE
STREET ADDRESS 407 FOREST HILLS BLVD
CITY-ST-ZIP NAPLES FL 34113 ☒ Delete

TITLE D
NAME MINET, GUY
STREET ADDRESS 407 FOREST HILLS BLVD
CITY-ST-ZIP NAPLES FL 34113 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 180 Furse Lakes Cir E 6
CITY-ST-ZIP NAPLES FL 34104 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07/28/04