

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90358 001 \*\*\*450.00

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1st MOORE CR2E034 (10/06)  
37-1528166

<b>DOCUMENT # P03000149373</b>					
1. Entity Name <b>THE PIZZA AND PASTA FACTORY, INC.</b>					
Principal Place of Business <b>1855 GRIFFIN ROAD DANIA FL 33004</b>			Mailing Address <b>1855 GRIFFIN ROAD DANIA FL 33004</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>AP-PLIED FOR</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SCARFONE, DANNY 1855 GRIFFIN ROAD DANIA FL 33004</b>			7. Name and Address of New Registered Agent Name <b>MARK COHEN PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>Residential Circle Ste 435</b> <b>4000 HOLLYWOOD BLVD</b> City <b>HOLLYWOOD</b> FL Zip Code <b>33021</b>		
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 _____ (NOTE: Registered Agent signature required when registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST SCARFONE, DANNY 1855 GRIFFIN ROAD DANIA FL 33004 <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 SCARFONE, DANNY 1855 GRIFFIN ROAD DANIA FL 33004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>4/29/07</b> Daytime Phone # _____		