


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90089 025 \*\*\*150.00

<b>DOCUMENT # P04000036346</b> 1. Entity Name <b>PASQUALES PIZZA, INC.</b>					
Principal Place of Business 2680 EAST ATLANTIC BLVD POMPANO BEACH, FL 33060 US			Mailing Address 2680 EAST ATLANTIC BLVD POMPANO BEACH, FL 33060 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CONTE, DENISE A 7809 N.W. 73RD AVENUE TAMARAC, FL 33321			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONTE, DENISE A 7809 N.W. 73RD AVENUE TAMARAC, FL 33321		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <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	
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	
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	
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	
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 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.					
<b>SIGNATURE:</b> <u>Denise Conte</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>7/20/05</u> Daytime Phone: <u>7543676975</u>		

**Astute Tax and Accounting, Inc.**

499 East Palmetto Park Road  
Suite 223  
Boca Raton, Florida 33432

(561) 362-9683  
Fax (561) 362-9684

**ATTACHMENT**

66025049

Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Re: Pasquales Pizza, Inc.  
FEI#-81-0644709  
Document #-P04000036346

Gentlemen;

Our client, Pasquales Pizza, Inc sent their Annual Report in on March 4, 2005 with a check for \$150.00. Enclosed is a copy of the check, both front and back to show that it has been paid.

Our office called you today to find out why they have received a Dissolution Notice and we were informed that a letter was sent to Pasquales asking for their FEI number. Pasquales did not receive this letter so we are sending you the requested information today.

Please apply their \$150.00 check so that their Annual Report is up to date.

Thank you for your attention in this matter.

Sincerely,



Robin Meyer  
Office Manager

ATTACHMENT

66025049

Security enhanced document. See back for details.

**PASQUALES PIZZA, INC.** 03-04 40032076 1361

2680 E. ATLANTIC BLVD.  
POMPANO BEACH, FL 33062-4940  
PH. 954-943-4752

PAY TO THE ORDER OF Florida Dept of State \$ 150.00  
One hundred fifty 00/100 DOLLARS

**Bank of America**  
ACH R/T 083100277

FOR PO400003103410

DATE 3-4-05

63-4/630 FL 1564

*Security features are available. Details on back.*

*MP*

FEI# 81-0644709

DEPARTMENT OF STATE  
FOR DEPOSIT ONLY  
ACCT. # 1008989106

MAR 14 2005

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MAR 18 05

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MAR 10 2005  
MAR 10 2005

Security features are available. Details on back.