## 2005 FOR PROFIT CORPORATION

## FILED Aug 19, 2005 8:00 am Secretary of State

2005 F	ANNUAL REPORT	
DOOL IN ACTUAL	D04000040700	

DOCU  1. Entity Nam  D.P.PIZZ	MENT # P04000048	3720					90010 030 ***1			
Principal Place of Business  407 LINCOLN RD STE 500  MIAMI BCH, FL 33139  MIAMI BCH, FL 33139  MIAMI BCH, FL 33139							50062512	-  -		
2. Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc. Suite, Apt. #, etc.					08172005	Chg-P	CR2E034 (10/03)	).		
City & Stat	City & State City & State				4. FEI Numb	<sup>er</sup> 74-311755	1 4	pplied For lot Applicable		
Zip	Country	untry Zip Cou			5. Certificate of Status Desired S8.75 Additional Fee Required					
3	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
CORPORA, DOMINIQUE 407 LINCOLN RD STE 500 MIAMI BCH, FL 33139			ŀ	Street Address (P.O. Box Number is Not Acceptable)						
, , , , , , , , , , , , , , , , , , , ,	.,, 00 100		1				-			
	•	, , , , , , , , , , , , , , , , , , ,		City			FL Zip Co			
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										
	LE NOW!!! FEE IS \$150.00 ue by September 7, 2005	9. Election Campai Trust Fund Cont			.00 May Be led to Fees	In accordance w corporation did r	rith s. 607.193(2)(b) not receive the prior	, F.S., the notice.		
10. TITLE	OFFICERS AND	DIRECTORS Delete	11.	,	ADDITIONS	CHANGES TO OFFI	CERS AND DIRECTOR			
NAME STREET ADDRESS CITY-ST-ZIP	CORPORA, DOMINIQUE 407 LINCOLN RD STE 500 MIAMI BCH, FL 33139	∟ Delete	NAME Stree				☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		<b>I</b>			☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete .		ł t			☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l l	<u>., .,</u>		☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP	- a, w. w.	· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS 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 his 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:										

ATTACHMENT

Brito & Brito Accounting 407 Lincoln Road, Suite 500 Miami Beach, Fl 33139

Corporate Accounting and Business Development Tel: (305) 534-9292/ Fax: (305) 534-7534

britogeorge@aol.com/britoandbrito@aol.com

August 17, 2005

Department Of State
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl 32301

Re: D.P.Pizza

407 Lincoln Road #500 Miami Beach, Fl 33139 Fein#74-3117551

## To Whom It May Concern:

This Letter is to abate all penalties to the above mentioned tax payer. Please be aware that this tax payer never received the Annual Report for D.P. Pizza, Inc. An apology for any confusion I have caused.

Attached is the payment of \$150.00 Please apply to my 2005 Annual Report.

Please note that the above taxpayer is our client and if you have any question please feel free to contact us.

Geőrge Brito Accountant