

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

06-07-2005 90001 005 ***550.00

DOCUMENT # P04000049442	
1. Entity Name PIZZA POWER, INC.	

Principal Place of Business 900 INGRAHAM BUILDING, 25 SOUTHEAST 2ND AVENUE MIAMI, 33131	Mailing Address 900 INGRAHAM BUILDING, 25 SOUTHEAST 2ND AVENUE MIAMI, 33131
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66024104



2. Principal Place of Business Two Alhambra Plaza Suite, Apt. #, etc. Penthouse 7B City & State Coral Gables, FL Zip 33134 Country US	3. Mailing Address Two Alhambra Plaza Suite, Apt. #, etc. Penthouse 7B City & State Coral Gables, FL Zip 33134 Country US
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01192005 Chg-P CR2E034 (10/03)

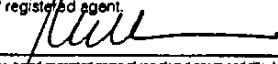
4. FEI Number 27-006 4596	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MURAI WALD BIONDO MORENO & BROCHIN, PA 900 INGRAHAM BUILDING, 25 SOUTHEAST 2ND AVENUE MIAMI, FL 33131

7. Name and Address of New Registered Agent Name Murai Wald Biondo Moreno & Brochin P.A. Street Address (P.O. Box Number is Not Acceptable) Two Alhambra Plaza Penthouse 7B City Coral Gables FL Zip Code 33134

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 4/8/05
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FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
D.P Eugenio Martinez, Jr. 4920 Biltmore Drive Coral Gables, FL 33146	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
D.VP Roderico Lopez 2773 Coral Way Miami, FL 33145	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
D.S Luis Martinez 1860 SW 3rd Ave, Suite 4 Miami, FL 33129	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
D.I Eugenio Martinez 4920 Biltmore Drive Coral Gables, FL 33146	
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 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: 	DATE 305-444-0101
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