2005 FOR PROFIT CORPORATION

Sep 09, 2005 8:00 am Secretary of State

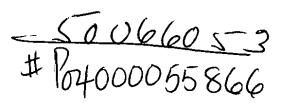
	AN	NÜÄL	REPOR	T

DOCUMENT # P04000055866 09-09-2005 90032 013 ***150.00 MICHELANGELO PIZZERIA, INC. Principal Place of Business Mailing Address 50066053 564 ADMIRALS WAY **564 ADMIRALS WAY** DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 2. Principal Place of Business 3. Mailing Address BLUP. BLUD 10/0/ W. GAKLAND I'K 0/01 W. OAKL AND CK Suite, Apt. #, etc Suite Apt # etc. 07142005 CR2E034 (10/03) Chq-P City & State City & State 4. FEI Number Applied For SUNTU SUNK/SE 20 1042593 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 33351 3*33071* GROWARD Bhow*A* hb Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MICHELANGELO BAICKEST SILVESTRĪ, LUĪGI 🛋 🞉 Street Address (P.O. Box Number is Not Acceptable) 564 ADMIRALS WAY. DELRAY BEACH, FL 33483 Zip Code 33 %33 hanging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of I'KESINENT MICHELANCELO BARRESI 090200 \$5.00 May Be FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Due by September 7, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Defete TITLE ☐ Change ■ Addition MICHELANGELO BARRESI NAME NAME 22076 PALMS WAY #201 STREET ADDRESS STREET ADDRESS CHY-ST-7P CITY - ST - ZIP BOCA RATON FL. 33433 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-21P CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY - ST - ZIP 12. Thereby certify that the information supplied with this filling 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: 09.02.00 Daylima Phone #

ATTACHMENT

Division Of Corporations
Annual Reports Section/Uniform Business Report Section
P.O. Box 6327
Tallahassee, Florida 32314



I am writing this letter on behalf of a new client, Michelangelo Pizzeria, Inc. (#20-1042593), Who never received an initial Annual Report.

Upon realizing this fact, when they were referred to me, a duplicated copy was requested.

We were advised, upon contacting your office, to submit a one hundred and fifty dollar payment along with the enclosed copy.

We respectfully request that this payment be accepted, and Michelangelo Pizzeria, Inc. remain an active corporation in the state of Florida.

Thank you very much for your kind consideration.

Sincerely Yours,

Joseph H. Friedman
Tax Accountant