


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90032 013 ***150.00

DOCUMENT # P04000055866	
1. Entity Name MICHELANGELO PIZZERIA, INC.	

Principal Place of Business 564 ADMIRALS WAY DELRAY BEACH, FL 33483	Mailing Address 564 ADMIRALS WAY DELRAY BEACH, FL 33483
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50066053



2. Principal Place of Business BLVD. 10101 W. OAKLAND PK. Suite, Apt. #, etc.	3. Mailing Address BLVD. 10101 W. OAKLAND PK. Suite, Apt. #, etc.
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07142005 Chg-P CR2E034 (10/03)

City & State SUNRISE, FLORIDA	City & State SUNRISE, FLORIDA
Zip 33351	Zip 33351
Country FLORIDA	Country FLORIDA

4. FEI Number 20-1042593	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SILVESTRI, LUIGI 564 ADMIRALS WAY DELRAY BEACH, FL 33483 <i>Michelangelo Barresi</i>
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7. Name and Address of New Registered Agent Name MICHELANGELO BARRESI Street Address (P.O. Box Number is Not Acceptable) 22076 PALMS WAY #201 City BOCA RATON FL Zip Code 33433
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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 <i>Michelangelo Barresi</i> MICHELANGELO BARRESI PRESIDENT 090205 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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
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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: <i>Michelangelo Barresi</i> 09-02-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

5066053
P04000055866

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