

**2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000089531

**FILED**  
**Dec 01, 2005**  
**Secretary of State****Entity Name:** MALSORI'S PIZZA RESTAURANT, INC.**Current Principal Place of Business:**523 CLEMATIS ST  
W PALM BCH, FL 33401**New Principal Place of Business:****Current Mailing Address:**523 CLEMATIS ST  
W PALM BCH, FL 33401**New Mailing Address:**%DL SERVICES  
5619 S DIXIE HWY  
WEST PALM BEACH, FL 33405**FEI Number:** 65-0790100**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**VOGLI, ALBERT  
523 CLEMATIS ST  
W PALM BCH, FL 33401 US**Name and Address of New Registered Agent:**VEGA, LUCY  
%DL SERVICES INC  
5619 S DIXIE HWY  
WEST PALM BEACH, FL 33405 US

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.

SIGNATURE: LUCY VEGA

12/01/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: VOGLI, ALBERT  
Address: 523 CLEMATIS ST  
City-St-Zip: W PALM BCH, FL 33401

Title: V (X) Delete  
Name: VOGLI, FLAMUR  
Address: 523 CLEMATIS ST  
City-St-Zip: W PALM BCH, FL 33401

Title: S (X) Delete  
Name: VOGLI, ELIDA  
Address: 523 CLEMATIS ST  
City-St-Zip: W PALM BCH, FL 33401

Title: T (X) Delete  
Name: VOGLI, MERIMA  
Address: 523 CLEMATIS ST  
City-St-Zip: W PALM BCH, FL 33401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PVST (X) Change ( ) Addition  
Name: IZIAR, JONUZI  
Address: 523 CLEMATIS ST  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONUZI IZAIR

P

12/01/2005

Electronic Signature of Signing Officer or Director

Date