

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-24-2005 90003 029 \*\*\*150.00  
P04000097987

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STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P04000097987</b> 1. Entity Name <b>SPEEDY PIZZA, CORP.</b>					
Principal Place of Business <b>9529 SW 72 ST. MIAMI, FL 33173</b>			Mailing Address <b>9529 SW 72 ST. MIAMI, FL 33173</b>		
2. Principal Place of Business <b>16481 S.W. 64 Terr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>16481 S.W. 64 Terr</b> Suite, Apt. #, etc.			
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>		4. FEI Number <b>20-1306824</b>	
Zip <b>33193</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MAZZA-MARTINEZ, TANIA A MS. 9130 SOUTH DADELAND BLDV. SUITE 1600 MIAMI, FL 33156</b>			7. Name and Address of New Registered Agent Name <b>Mayris Correa</b> Street Address (P.O. Box Number is Not Acceptable) <b>16481 S.W. 64 Terr</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33193</b>		
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 <b>06/20/05</b> <small>Signature of the registered agent and the filer if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CORREA-CARABALLO, MAYRIS A MRS.</b> <b>9529 SW 72 ST.</b> <b>MIAMI, FL 33173</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CARABALLO, MIGUEL A MR.</b> <b>9529 SW 72 ST.</b> <b>MIAMI, FL 33173</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____		<input type="checkbox"/> Delete		
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 <b>06/20/05</b> (786) 234-8200		