2005 FOR PROFIT CORPORATION

Apr 21, 2005 8:00 am Secretary of State ANNUAL REPORT 04-21-2005 90254 007 ***150 00 DOCUMENT # P04000106593 1. Entity Name ANTHONY'S PIZZA HOLDING COMPANY, INC. Principal Place of Business Mailing Address -1191 E NEWPORT CENTER DR #103 1191 E NEWPORT CENTER DR #103 50041794 DEERFIELD BCH, FL 33442 DEERFIELD BCH, FL 33442 2. Principal Place of Business 3. Mailing Address 3081 E. Commercial Blud 3081 E Commercia Suite, Apt. #, etc. Suite, Apt. #, etc. 02042005 CR2E034 (10/03) FL 2 NP City & State 4. FEI Number Applied For toet L 20-13 torr L Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRUNO, ANTHONY Street Address (P.O. Box Number is Not Acceptable) 1491 E-NEWPORT CENTER DR #103 DEERFIELD BCH: FL 33442. FORT Lauderdale 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPVS TITLE Delete TITLE Change Addition BRUNO, ANTHONY NAME NAME 3081 E Commercial BIVD ZODA STREET ADDRESS 1191 E NEWPORT GENTER DR #103 STREET ADDRESS CITY-ST-ZIP DEERFIELD BCH, FL 33442 CITY-ST-ZIP FORT Lauderdule FL 33308 TITLE Delete TITLE Change Addition NAME **BRUNO, ANTHONY** NAME 3081 E Commercial Blud 2d FL STREET ADDRESS 4191 E NEWPORT CENTER DR #109 STREET ADDRESS CITY-ST-ZIP DEERFIELD BCH, FL 33442 CITY-ST-ZIP FORT LAUDERDARE FL 33308 ☐ Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition [NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ... Delete TITLE ☐ Change ___ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P

12. I hereby 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 of the receiver or urbsize 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 attachine with an address, with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

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