

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000110236

1. Entity Name
PRESTO PIZZA SOBE, INC.



Principal Place of Business
332 LINCOLN ROAD
MIAMI BEACH, FL 33139

Mailing Address
332 LINCOLN ROAD
MIAMI BEACH, FL 33139



06022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1924309	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

GIMELSTEIN, ALEX
332 LINCOLN ROAD
MIAMI BEACH, FL 33139

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GIMELSTEIN, ALEX
STREET ADDRESS	332 LINCOLN ROAD
CITY- ST- ZIP	MIAMI BEACH, FL 33139

TITLE	VP
NAME	GIMELSTEIN, ZELICK
STREET ADDRESS	1750 NE 191 ST., #823E
CITY- ST- ZIP	MIAMI, FL 33179

TITLE	ST
NAME	GIMELSTEIN, TOBY
STREET ADDRESS	3669 NE 201ST. ST
CITY- ST- ZIP	AVENTURA, FL 33180

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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07/10/07-80031-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/07

Date

786 295 2706

Daytime Phone n