2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT DOCUMENT # P04000110236 FILED PRESTO PIZZA SOBE, INC. Jul 30, 2008 08:00 AM **Secretary of State** Principal Place of Business Mailing Address 332 LINCOLN ROAD 332 LINCOLN ROAD MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 CR2E034 (11/05) 07252008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1924309 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GIMELSTEIN, ALEX DO NOT WRITE 332 LINCOLN ROAD MIAMI BEACH, FL 33139 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 Plorida. 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 reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Due by September 12, 2008 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. TITLE GIMELSTEIN, ALEX NAME ~ U00000956692 STREET ADDRESS 332 LINCOLN ROAD U7/30/08-80003-009/150:00: CITY-ST-7IF MIAMI BEACH, FL 33139 VΡ TITLE **GIMELSTEIN, ZELICK** NAME STREET ADDRESS 1750 NE 191 ST., #823E CITY-ST-ZIP MIAMI, FL 33179 ST TITLE GIMELSTEIN, TOBY NAME STREET ADDRESS 3669 NE 201ST. ST DO NOT WRITE CITY-ST-ZIP AVENTURA, FL 33180 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 occupation 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Described Proces

De

CITY-ST-ZIP