2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 12, 2006 08:00 AM Secretary of State DOCUMENT # P04000138071 1. Entity Name* GUISEPPE'S PIZZA & ITALIAN DELI INC. Principal Place of Business Mailing Address 12040 JOG RD. BOYNTON BEACH FL 33437 12040 JOG RD. BOYNTON BEACH FL 33437 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 55-0884339 Not Applicat Zip Country Ζιp Country \$8.75 Additional Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DESTASIO, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 9730 PARKVIEW AVE **BOCA RATON FL 33428** Zip Code 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. Lam familiar with, and ecco the obligations of registered agent. SIGNATURE Signature, typed or printed nume of registered agent and title it applicable (NOTE Registered Agent signalists recovers when remaining) DATE FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fee-Make Check Payable to Florida Department of State 10. OFFICEHS AND DIHECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete MLC ☐ Change ☐ .*** NAME DESTASIO, JOSEPH MAME Unnonosu3040 STREET ADDRESS 9730 PARKVIEW AVE STREET ADDRESS ·04/26/06-80015-806 150.08 CHY-ST-ZIP BOCA RATON FL 33428 City-St-ZiP TOTALE ☐ Delete DOF ☐ Change ☐ Adir NAME DESTASIO, BEATRICE NAME STREET ADDRESS 9730 PARKVIEW AVE. STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33428** City-ST-ZIP HILE ☐ Cetete HILE Change III A≾: NAME NAME STREET ADDRESS STRUCK ACCORESS CHY-ST-ZIP CITY-S(-Z(P ☐ Delete TITLE ☐ Change ☐ Adm NAME MANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-SI-ZIP TIME Defete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CUY-ST-ZIP CITY-SI-ZIP MILE Delete MILE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS City-SI-ZIP CHY-SI-71P

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direct 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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