


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000164762	
1. Entity Name CHEECH'S PIZZA, INC.	

Principal Place of Business 957 SW GENERAL PATTON TERRACE PORT ST. LUCIE, FL 34953	Mailing Address 957 SW GENERAL PATTON TERRACE PORT ST. LUCIE, FL 34953
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01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1712350	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 DEFALCO, DOMENICO 957 SW GENERAL PATTON TERRACE PORT ST. LUCIE, FL 34953

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U00000912820
05/07/08-80095-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD DEFALCO, FRANK 957 SW GENERAL PATTON TERRACE PORT ST. LUCIE, FL 34953
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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK DEFALCO 5/18/08 772 344-4748

Date

Daytime Phone #