

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000006308

1. Entity Name
PHILLY PHLAVA' ORIGINAL STEAKS AND HOAGIES, INC.



Principal Place of Business
**10039 W HILLSBOROUGH AVE
TAMPA, FL 33615-3002**

Mailing Address
**10039 W HILLSBOROUGH AVE
TAMPA, FL 33615-3002**

FILED
Apr 27, 2007 08:00 AM
Secretary of State



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number
33-1109064

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COIA, BENJAMIN
8208 KIRKWOOD DR
TAMPA, FL 33634-2239**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
COIA, JOHN
116 MILDRED LANE
ASTON, PA 19014**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
COIA, BENJAMIN
8208 KIRKWOOD DR
TAMPA, FL 336342239**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

UN00000735929
05/10/07-80053-017 150.00

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

4-24-07

Date

813 7289575

Daytime Phone #