2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P05000010466

1. Entity Name BEST NY PIZZA, INC.



Principal Place of Business

14741 N. DALE MABRY HIGHWAY TAMPA, FL 33618

Mailing Address

22523 WILLOW LAKES DRIVE LUTZ, FL 33549

FILED Apr 25, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

03282008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 56-2498977 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

CARBONARO, GREGORY 22523 WILLOW LAKES DRIVE LUTZ, FL 33549

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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)

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

OFFICERS AND DIRECTORS 10. TITLE CARBONARO, GREGORY NAME STREET ADDRESS 22523 WILLOW LAKES DRIVE CITY-ST-ZIP LUTZ, FL 33549 TITLE D CARBONARO, PATRICIA NAME STREET ADDRESS 22523 WILLOW LAKES DRIVE CITY-ST-ZIP LUTZ, FL 33549 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 Imment with an address, with all other like empowered

SIGNATURE

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREE CARBONARD

4121100

Daytime Phone #