




2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90375 020 ***150.00

| | | | | | |
|--|--|---|---|--|--|
| DOCUMENT # P05000013684 1. Entity Name AL'S REAL NY STYLE PIZZA, INC | | | |  | |
| Principal Place of Business 4751 RALEIGH ST ORLANDO, FL 32811 US | | | Mailing Address 4407 GREAT HARBOR LN KISSIMMEE, FL 34746 US | | |
| 2. Principal Place of Business 3603 Columbia St Suite, Apt. #, etc.  | | 3. Mailing Address Suite, Apt. #, etc. | | 40074457  | |
| City & State ORLANDO FL | | City & State | | 4. FEI Number 20-2255876 | |
| Zip 32805 | | Country ORANGE | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HEERALALL, DARMINDRA 4407 GREAT HARBOR LANE KISSIMMEE, FL 34746 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE P NAME HEERALALL, DARMINDRA STREET ADDRESS 4407 GREAT HARBOR LANE CITY-ST-ZIP KISSIMMEE, FL 34746 | <input type="checkbox"/> Delete | | TITLE RUTHE SINGH VP NAME 4407 Great Harbor Ln STREET ADDRESS Kissimmee FL 34746 CITY-ST-ZIP KISSIMMEE, FL 34746 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE VP NAME PALACIOS, ALFREDO STREET ADDRESS 4407 GREAT HARBOR LANE CITY-ST-ZIP KISSIMMEE, FL 34746 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <u>Darmindra Heeralall</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <u>4/10/06</u> Daytime Phone # <u>407-397-174</u> | | |

ATTACHMENT

40074457

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AL'S REAL NY STYLE PIZZA INC
(Name of Corporation)

DOCUMENT NUMBER: P 05000013684

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Darmindra Heeralall
(Name of Person)

AL'S REAL NY STYLE PIZZA INC
(Name of Firm/Company)

4407 Great Harbor Lane
(Address)

Orlando, FL 32746
(City/State and Zip Code)

For further information concerning this matter, please call:

Darmindra Heeralall at (407) 397-1741
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

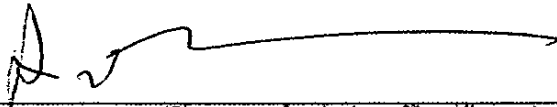
ATTACHMENT
400 74457
OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, Alfredo Palacios, hereby resign as Vice President
(Title)

of AL'S REAL NY STYLE PIZZA Inc
(Name of Corporation)

P 05600013684, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314