2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000018747

Address:

City-St-Zip:

4870 NW 101 AVE

CORAL SPRINGS, FL 33076

Entity Name: COAL OVEN PIZZA COMPANY ENTERPRISES INC

FILED Apr 30, 2007 Secretary of State

LINKY NAME: COAL OVEN FIZZA COMPANT LINTERPRISES, INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
4870 NW 19 CORAL SP	01 AVE RINGS, FL:	33076			
Current Mailing Address:			New Mailing Address:		
4870 NW 19 CORAL SP	01 AVE RINGS, FL :	33076			
FEI Number:	81-0663925	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
MARKS, GREGORY 7251 W. PALMETTO PARK RD. SUITE 205 BOCA RATON, FL 33433 US			SUITE 204	5355 TOWN CENTER ROAD	
The above in the State		submits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATURE: GREGORY MARKS				04/30/2007	
	Electro	nic Signature of Registered Ager	t	Date	
Election Cam	paign Financii	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	LOMBARD, PI 4870 NW 101		Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	RUPOLO, LIN 10229 NW 52		Title: (Name: Address: City-St-Zip:)Change ()Addition	
Title: Name: Address: City-St-Zip:	SAN JOSE, TI 4870 NW 101		Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	V () Delete JOCK	Title: (Name:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: PETER LOMBARD Ρ 04/30/2007