


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90043 004 ***158.75

DOCUMENT # P05000022947			
1. Entity Name PIZZA MILANO, INC.			
Principal Place of Business 7645 LAND O LAKES BLVD. LAND O LAKES, FL 34638		Mailing Address 7645 LAND O LAKES BLVD. LAND O LAKES, FL 34638	
2. Principal Place of Business 7645 Land O Lakes Blvd		3. Mailing Address 7645 Land O Lakes Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Land O Lakes FL		City & State Land O Lakes FL	
Zip 34638		Zip 34638	
Country Parco County		Country Parco County	
4. FEI Number 34-2036426		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAKKOUR, NEMER 7238 DECISION RD. LAUD O LAKES, FL 34638 <i>(CORRECTION)</i> EI NAKKOUR, NEMER		7. Name and Address of New Registered Agent Name EI NAKKOUR, NEMER 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 <u>N/A</u>		DATE	
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D MAKKOUR, MEMER 7238 DECISION RD. LAND O LAKES, FL 34638 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EI NAKKOUR, NEMER <i>X CORRECTION</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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>[Signature]</u>		Date: <u>Jan 09-06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	