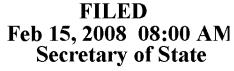
2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR) DOCUMENT # P05000042499 1. Entity Name LAUDERDALE PIZZA, INC.



Principal Plac	ce of Business	Mailing Address			1				
FT. LAUDERDALE PIZZA & PASTA 2100 E. OAKLAND PK. BLVD FORT LAUDERDALE FL 33306		2100 EAST OAKLAND PARK BOULEVARD FORT LAUDERDALE FL 33306							
2. Principal F	Place of Businoss - No P.O. Box #	3. Mailing Address				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2244 BBIII BIO		. 1811 66 1 11 124)
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1s	st MOORE	CR2E03	4 (10/07)	
City & State		City & State			4. FEI Number 36-4571036				Applied For Not Applicable
Ζιp	Country	Country Zip Co-		гу				\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	i		7. Name and Address of New Registered Agent				
OSI	A, STEVEN			Name Street Address (P.O. Box Number is Not Acceptable)					
210	0 E. OAKLAND PK. BLVD RT LAUDERDALE FL 33306								
				City			F	Zip Co	ode
8. The above the obligate SIGNATURE	named entity submits this statement folions of registered agent	r the purpose of changing it	s registere	d office or registe	ered agent, or bo	oth, in the State of Flo	onda. Lan	n familiar wit	h and accept
SIGNATONE	Signature, typed or primed harre of rugir Insud arient	uiditte Farpicacie. (NO	TE Pagistried	Agost eranzture require	d whon reinstaurig)		DATE		
After	ILE NOW!!! FEE IS \$150.00 May 1, 2008 Fee Will Be \$550.00 k Payable to Florida Department o				•	9. Election Campa Trust Fund Con	•••		5.00 May Be ided to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	/ CHANGES TO OFF	ICERS AN	ID DIRECTO	RS IN 11
TITLE NAME	P OSIA, STEVEN	☐ Derete	TITLE					☐ Change	
STREET ADDRESS CITY-ST-ZIP	2100 E. OAKLAND PK. BLVD FORT LAUDERDALE FL 33306		STREE	T ADDRESS ST-7IP	•				
TITLE		☐ Derete	TITLE			U000008	20200	☐ Change	☐ Addition
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CITY-ST-71°				ST-ZIP					7707 A 1111
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TITLE		☐ Defete	TITLE			***************************************		☐ Change	Aadition
NAME			HAME	Į.					
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP				ST ZII'					
indicated	cerify that the information supplied wit on this report or supplemental report is poration or the receiver or trustee emp c, or on an attachment with an addres	true and accurate and that	my sinnati	ire chall have the	esme legal ette	ct se if made under a	hath: that	Lam an offic	er or director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: