

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000046871

1. Entity Name
PITA GARDEN INC



FILED
Aug 25, 2008 08:00 AM
Secretary of State

Principal Place of Business
3450 OCEAN BEACH BLVD
703
COCOA BEACH, FL 32931 US

Mailing Address
3450 OCEAN BEACH BLVD
703
COCOA BEACH, FL 32931 US



07232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2204047

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAMIRA, RAOUDA
3450 OCEAN BEACH BLVD
703
COCOA BEACH, FL 32931

**DO NOT WRITE
IN THIS SPACE**

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

Sam Rana

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Aug. 15 '08

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000958376
08/25/08-80006-014 550.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SAMIRA, RAOUDA
STREET ADDRESS	3450 OCEAN BEACH BLVD, SUITE 703
CITY-ST-ZIP	COCOA BEACH, FL 32931
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	
CITY-ST-ZIP	

**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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug. 15 '08

Date

Daytime Phone #

321
799 9933