

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000062636

Entity Name: ABRUZZI PIZZA INC.

**FILED**  
**Mar 09, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4590 PINE ISLAND RD NW  
MATLACHA, FL 33993

**New Principal Place of Business:**

**Current Mailing Address:**

4590 PINE ISLAND RD NW  
MATLACHA, FL 33993

**New Mailing Address:**

FEI Number: 20-2738055

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIAVATTI, LILIANA  
1908 NW 1ST TERR  
CAPE CORAL, FL 33993 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CHIAVATTI, LILIANA  
Address: 4590 PINE ISLAND RD NW  
City-St-Zip: MATLACHA, FL 33993

I hereby 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 all other like empowered.

SIGNATURE: LILIANA CHIAVATTI

P

03/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date