2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2006 8:00 am Secretary of State 04-13-2006 90275 015 ***150.00

1. Entity Nam	MENT # P0500008 8 PIZZERIA, INC.	11258						5 15	0.00
Principal Place	e of Business	Mailing Address			· ·	5002	7386		
5125 CHATE SARASOTA, F	AU COURT		5125 CHATEAU COURT SARASOTA, FL 34238			an and the factor of the	Maria Maria		
						(18) SINI ETIN EENI EE			1841 (1 1881
2. Principal P	face of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04062006	Chg-P	CR2E034	l (11/05)	
City & State		City & State			4. FEI Number 2.0 -2.9	176933	3		plied For t Applicable
Zip	Country	Zip	Coun	try		Status Desired	\$	8.75 Add ee Required	
	6. Name and Address of Currer	nt Registered Agent	1		7. Name and A	ddress of New I	Registered Ag	ent	
				Name					
ROTONDO, ENRICO 5125 CHATEAU COURT SARASOTA, FL 34238				Street Address (P.O. Box Number is Not Acceptable)					
7	,,, = 01200								
				City			FL	Zip Code	
	named entity submits this statement ions of registered agent.	for the purpose of changing its	s registere	ed office or reg	istered agent, or both	in the State of F	lorida. I am fai	niliar with,	and accept
SIGNATURE _	Signature, typed or printed name of registered age	ent and title if applicable. (NOT	TE: Régistere	d Agent signature rec	quired when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	9. Election Campa Trust Fund Con	-		\$5.00 May Be Added to Fees				· · · · · · · · · · · · · · · · · · ·
10.	OFFICERS AN	ID DIRECTORS	11.		ADDITIONS/C	HANGES TO OF	FICERS AND D	IRECTORS	S IN 11
TITLE	D	☐ Delete	TITLE				ı	Change	☐ Addition
NAME	ROTONDO, ENRICO		NAM	į.					
STREET ADDRESS CITY-ST-ZIP	5125 CHATEAU COURT SARASOTA, FL 34238	<u> </u>		ET ADDRESS - ST - ZIP					
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STREET ADDRESS			STRE	FT ADDRESS					

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.

CITY-ST-ZIP

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CITY-ST-ZIP

Enma John SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ENDICOZDIMBO

10/06

941-927-4665