

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 18, 2007 08:00 A
Secretary of State

DOCUMENT # P05000081646

1. Entity Name
PIZZA NAVONA INC.



Principal Place of Business

7618 N 56TH ST
TAMPA, FL 33617 US

Mailing Address

7618 N 56TH ST
TAMPA, FL 33617 US



05152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2950932

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MADANI, SHEADA ESQUIRE
37837 MERIDIAN AVE
314
DADE CITY, FL 33525

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

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

(NOTE: Registered Agent signature required when renestating)

U00000765000
05/31/07-80021-016 150.00
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH, ROBERT G JR
STREET ADDRESS	7618 N 56TH ST
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	D
NAME	SMITH, ROBERT G SR
STREET ADDRESS	7618 N 56TH ST
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	ST
NAME	SMITH, MATTHEW M
STREET ADDRESS	7618 N 56TH ST
CITY-ST-ZIP	TAMPA, FL 33617
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

Robert G Smith

5/12/07

Date

813-685-2064

Daytime Phone #