

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90145 025 ***150.00

DOCUMENT # P05000123864

1. Entity Name
JOHN'S PASS VILLAGE PIZZA INC.



Principal Place of Business
**934 N. UNIVERSITY DR., STE. 250
CORAL SPRINGS, FL 33071**

Mailing Address
**934 N. UNIVERSITY DR., STE. 250
CORAL SPRINGS, FL 33071**

2. Principal Place of Business

12801 VILLAGE BLVD

Suite, Apt. #, etc.

3. Mailing Address

c/o S. KRAFT P.A.

Suite, Apt. #, etc.

934 N. UNIVERSITY DR. #250

04232006

Chg-P

CR2E034 (11/05)

City & State

MADEIRA BEACH, FL

City & State

CORAL SPRINGS FL

4. FEI Number

56-2530043

Applied For

Not Applicable

Zip

33708

Country

USA

Zip

33071

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name **NEIL HAMUY**

Street Address (P.O. Box Number is Not Acceptable)

9619 PARKVIEW AVE

City **BOCA RATON**

FL

Zip Code

33428

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
HAMUY, NEIL
934 N. UNIVERSITY DR., STE. 250
CORAL SPRINGS, FL 33071** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVT
HAMUY, JAMIE
934 N. UNIVERSITY DR., STE. 250
CORAL SPRINGS, FL 33071** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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:

NEIL HAMUY

NEIL HAMUY

4/23/06

561-366-7739

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #