## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 09, 2006 8:00 am Secretary of State

	AIIIIVAL						ccicia	ı, vi		utt
DOCUMENT # P05000127851  1. Entity Name FRANK & JOSEPHINE I LOVE NY PIZZA INC							05-09-2006 9	_		
Principal Place of Business Mailing Address						٠ - ،	t b			
·		· ·		•	- ∤`					
2772 ELKCAM BLVD		2772 ELKCAM BLVD				••				
DELTONA, FI	. 32/25	DELTONA, FL 32725			٠					
						1 (2) 12 11 12 1	ITIDA BIMI ETIM ETIM BUIL	1 (1818 1151) ITERI I	TIRL CILLL III	1001 /1 1001
A 0-::										
2. Principal Place of Business		3. Mailing Address					<b>   </b>			
				_						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04052006	Chg-P	CR2E034	(11/05)		
									·	
City & State		City & State			4	. FEI Numbe			Ap	plied For
						06-1	156551	,	No	t Applicable
Zip Country		Zip Coun		у		Cariffeen	of Chatter Desired	□ \$8	3.75 Add	litional
					١:	. Certilicate t	of Status Desired		e Require	
6. Name and Address of Current Registered Agent					7	. Name and	Address of New Ro	egistered Age	ent	
• • • • • • • • • • • • • • • • • • • •				Name						
FRIGOLINO, FRANCESCO										
1040 JAYE			Street Address (P.O. Box Number is Not Acceptable)							
DAVENPO	RT, FL 33897									
				City					Zip Cod	
								FL	2:p 0:00	•
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.										and accept
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 pg  Trust Fund Contribution.						O May Be to Fees				
After May 1, 2006 Fee will be \$550.00				□ #	Muueu	ID Lees				
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFFI	CERS AND DI	RECTOR!	S IN 11
TITLE			TITLE						Change	Addition
NAME	<u>'</u>	C Describ						L	T containing	L AGGRON
STREET ADDRESS	-		NAME	T ADDOLDE						
			CITY-S	I ADDRESS						
CITY-ST-ZIP			UIT-S	S1-21P						
TITLE	VP Delete TITE		TITLE						] Change	Addition
NAME	FRIGOLINO, GIUSEPPINA	FRIGOLINO, GIUSEPPINA								
STREET ADDRESS	1040 JAYBEE AVE st		STREET	I ADDRESS						
CITY-ST-ZIP	DAVENPORT, FL 33897		CITY-S	ST-ZIP						
TITLE	☐ Delete III		TITLE					Г	Change	☐ Addition
NAME			NAME					-		
STREET ADDRESS				ADDRESS						
CITY-ST-ZIP			CITY-S							
									7 0	□ kaare
TITLE			TITLE					L	] Change	☐ Addition
NAME			NAME	7 4000CCC						
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP			CITY-S	31-217						
TITLE	☐ Delete III☐		TITLE						Change	Addition
NAME			NAME							
STREET ADDRESS			STREET	T ADDRESS						
CITY-ST-ZIP			CITY-S	ST-ZIP						
		☐ Delete	TITLE						Change	Addition
TITLE NAME		□ Delete	NAME					L.	_ circisgo	- Addition
STREET ADDRESS				T ADORESS						
CITY-ST-ZIP			CITY-S							
511 1 - 51 - EIF	İ		3,,,,,,	-·						

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

5.4.06 36-789-033

Daytime Phone #