

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 30, 2008 8:00 am**  
**Secretary of State**

06-30-2008 90021 006 \*\*\*150.00

<b>DOCUMENT # P05000137978</b>					
<b>1. Entity Name</b> PICCOLOS PIZZA, INC					
<b>Principal Place of Business</b> 11120 SW 148 CT MIAMI, FL 33196			<b>Mailing Address</b> 11120 SW 148 CT MIAMI, FL 33196		
<b>2. Principal Place of Business - No P.O. Box #</b> 12310 SW 127TH AVE		<b>3. Mailing Address</b> 11120 SW 148 CT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> MIAMI, FL		<b>City &amp; State</b> MIAMI, FL		<b>4. FEI Number</b> 16-1740056	
<b>Zip</b> 33186		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> PIZZINI, NELBA F 11120 SW 148 CT MIAMI, FL 33196			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 12310 SW 127TH AVE City <b>MIAMI</b> <b>FL</b> <b>Zip Code</b> <b>33186</b>		
<b>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.</b> SIGNATURE <b>PIZZINI, NELBA F</b> Agent Reg. <b>06/10/2006</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> P <b>NAME</b> NELBA, FABIANA <b>STREET ADDRESS</b> 11120 SW 148 CT <b>CITY-ST-ZIP</b> MIAMI, FL 33196	<input type="checkbox"/> Delete				
<b>TITLE</b> VP <b>NAME</b> ALEJANDRO, PIZZINI D <b>STREET ADDRESS</b> 11120 SW 148 CT <b>CITY-ST-ZIP</b> MIAMI, FL 33196	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
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<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>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.</b>				<b>SIGNATURE:</b> <b>NELBA FABIANA</b> <b>PRESIDENT</b> <b>06/10/2008 (305) 234-1626</b> <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>	