## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 05, 2006 8:00 am Secretary of State

DOCUMENT # P05000155495  1. Entity Name FERRARI'S PIZZA AND ITALIAN & PERUVIAN FOOD CORP.					06-05-2006 90153 024 ***150.00			
Principal Place of Business		Mailing Address				<b>70040</b>	346	
6799 STERLING ROAD		6799 STERLING ROAD				00020		
DAVIE, FL 33314		DAVIE, FL 33314						
					1 (85)(88) (1)	ERITI BUM ATUN ABIU BAKT	I IFAAN AIKAI AIIIN AITIA ITIAKA	IITEI II IETI
2. Principal Place of Business		3. Mailing Address			-			
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		05162006	Chg-P	CR2E034 (11/05)		
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City & State		City & State		4. FEI Numb	3746588	A	oplied For of Applicable	
Zip Country		Zip Count		trv	1		¢0.75	
			-		5. Certificate	of Status Desired	- Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New Re	gistered Agent	_
				Name				
TORRES, CARMEN 5192 S. UNIVERSITY DRIVE			ŀ	Street Address	dress (P.O. Box Number is Not Acceptable)			
DAVIE, FL 33328								
•								
				City			FL Zip Cod	e
The above named entity submits this statement for the purpose of changing its registere				d allian ar raniota	rad casal at ha	the in the State of Elec		and account
	tions of registered agent.	ir the purpose of changing its r	eyisiere	ed office of registe	rec agent, or bo	as, at the State Or Fior	iua. Tarritarrillar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered against	and little if applicable. (NOTE:	: Registerec	1 Agent signature require	d when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00  9. Election Campaign Finar Trust Fund Contribution.					.00 May Be led to Fees	In accordance wi corporation did n	ith s. 607.193(2)(b), ot receive the prior	F.S., the notice.
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFIC	CERS AND DIRECTOR	S IN 11
TITLE	DP	☐ Delete	TITLE				☐ Change	Addition
NAME _	TORRES, CARMEN	•		:				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP				ST-ZIP				
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12. IEB reby 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 to Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-1506

Daytime Phone #