

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-02-2007 90016 031 ***150.00

DOCUMENT # P06000010893 1. Entity Name MICHELE CHICAGO PIZZA INC.																																																							
Principal Place of Business 11540 WALSINGHAM ROAD SUITE A LARGO, FL 33772			Mailing Address 11540 WALSINGHAM ROAD SUITE A LARGO, FL 33772																																																				
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																					
City & State		City & State																																																					
Zip	Country	Zip	Country	01152007 Chg-P CR2E034 (12/06)																																																			
4. FEI Number 03-0579484				Applied For Not Applicable																																																			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent STANKOVIC, MICHELE 2630 57TH STREET N ST. PETERSBURG, FL 33710																																																			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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: <u><i>Michele Stankovic</i></u> DATE: <u><i>2/28/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reissuing)</small>																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td>STANKOVIC, MICHELE</td> <td>2630 57TH STREET N</td> <td>ST. PETERSBURG, FL 33710</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>		STANKOVIC, MICHELE	2630 57TH STREET N	ST. PETERSBURG, FL 33710		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>																																			
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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: <u><i>Michele Stankovic</i></u> <u><i>michele stankovic</i></u> DATE: <u><i>2/28/07</i></u> <u><i>727-319-8000</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>																																																							

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