


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90026 001 \*\*\*150.00

DOCUMENT # P06000092172		
1. Entity Name MOHAMMAD AND SOUHIER, INC. <i>D/B/A ANTONIO'S NY STYLE PIZZA #1</i>		
Principal Place of Business 934 SANTA MARIA BLVD SAINT AUGUSTINE FL 32086		Mailing Address 934 SANTA MARIA BLVD SAINT AUGUSTINE FL 32086
2. Principal Place of Business - No P.O. Box # <i>SAME AS ABOVE</i>	3. Mailing Address <i>SAME AS ABOVE</i>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State		4. FEI Number 20-5200244
Zip	Country	Applied For Not Applicable
6. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TOUBAILI, MOHAMMAD 934 SANTA MARIA BLVD SAINT AUGUSTINE FL 32086		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOUBAILI, MOHAMMAD 934 SANTA MARIA BLVD SAINT AUGUSTINE FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOUBAILI, SOUHIER 934 SANTA MARIA BLVD SAINT AUGUSTINE FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Mohammad Toubaili* MOHAMMAD TOUBAILI 04/05/08 904-7940117  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day:mo:year