

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000112432

Entity Name: SOUTH MIAMI PIZZERIA, INC.

FILED
Apr 28, 2007
Secretary of State

Current Principal Place of Business:

5203 SW 159 CT
MIAMI, FL 33185

New Principal Place of Business:

7401 SW 24 STREET
MIAMI, FL 33155

Current Mailing Address:

5203 SW 159 CT
MIAMI, FL 33185

New Mailing Address:

7401 SW 24 ST
MIAMI, FL 33155

FEI Number: 20-5402007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAMORRO, MARTA O
5203 SW 159 CT
MIAMI, FL 33185 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHAMORRO, MARTA O
Address: 5203 SW 159 CT
City-St-Zip: MIAMI, FL 33185

Title: VD () Delete
Name: SALAS, JULIO F
Address: 5203 SW 159 CT
City-St-Zip: MIAMI, FL 33185

Title: SD () Delete
Name: ORRINO, JOSE
Address: 5203 SW 159 CT
City-St-Zip: MIAMI, FL 33185

Title: TD () Delete
Name: ORRINO, GIUSEPPE
Address: 5203 SW 159 CT
City-St-Zip: MIAMI, FL 33185

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTA CHAMORRO

PD

04/28/2007

Electronic Signature of Signing Officer or Director

Date