
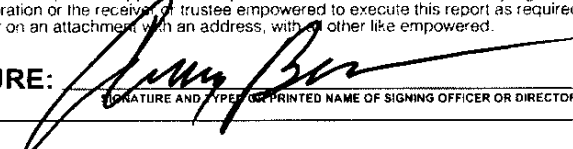


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90200 020 ***150.00

DOCUMENT # P06000146462 1. Entity Name ANTHONY'S COAL FIRED PIZZA OF PALM BEACH GARDENS, INC.																											
Principal Place of Business 17901 BISCAYNE BLVD AVENTURA, FL 33160		Mailing Address 17901 BISCAYNE BLVD AVENTURA, FL 33160																									
2. Principal Place of Business - No P.O. Box # 1660 NW 19 AVENUE Suite, Apt. #, etc.		3. Mailing Address 1660 NW 19 AVENUE Suite, Apt. #, etc.																									
City & State POMPANO BEACH FLORIDA Zip 33069 Country		City & State POMPANO BEACH FLORIDA Zip 33069 Country																									
4. FEI Number 20-8026150		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent BRUNO, ANTHONY 17901 BISCAYNE BLVD AVENTURA, FL 33160		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1660 NW 19 AVENUE City POMPANO BEACH FL Zip Code 33069																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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%;">PD</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BRUNO, ANTHONY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>17901 BISCAYNE BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>AVENTURA, FL 33160</td> <td></td> </tr> </table>		TITLE	PD	<input type="checkbox"/> Delete	NAME	BRUNO, ANTHONY		STREET ADDRESS	17901 BISCAYNE BLVD		CITY-ST-ZIP	AVENTURA, FL 33160		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%;">1660 NW 19 AVENUE</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>POMPANO BEACH, FL 33069</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	1660 NW 19 AVENUE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	POMPANO BEACH, FL 33069		STREET ADDRESS			CITY-ST-ZIP		
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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 or other like empowered.																											
SIGNATURE: 		Date 2/21/08																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		305-830-2625 <small>Daytime Phone #</small>																									