

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000014579

Entity Name: MICHELLI'S PIZZERIA INC.

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

145 PALM BAY RD N E, SUITE 116  
116  
WEST MELBOURNE, FL 32904

**New Principal Place of Business:**

**Current Mailing Address:**

145 PALM BAY RD N E, SUITE 116  
116  
WEST MELBOURNE, FL 32904

**New Mailing Address:**

FEI Number: 26-0878189

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

RIVERA, EDDIE  
145 PALM BAY ROAD N E  
SUITE 116  
WEST MELBOURNE, FL 32904 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RIVERA, MICHELLE  
Address: 145 PAM BAY ROAD N E,SUITE 116  
City-St-Zip: WEST MELBOURNE, FL 32904

Title: V  
Name: RIVERA, EDDIE  
Address: 145 PALM BAY ROAD N E, SUITE 116  
City-St-Zip: WEST MELBOURNE, FL 32904

I hereby 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 all other like empowered.

SIGNATURE: EDDIE RIVERA

VP

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date