

2008 FOR PROFIT CORPORATION ANNUAL REPORT

5/15

FILED
Jun 11, 2008 8:00 am
Secretary of State

05-19-2008 90039 049 ***150.00

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|--|---|--|---|---|--|
| DOCUMENT # P07000026168 1. Entity Name 100% ITALIAN RESTAURANT & PIZZERIA, INC. | | | | | |
| Principal Place of Business 4647 S CLYDE MORRIS BLVD UNIT 501 PORT ORANGE, FL 32129 | | | Mailing Address 4647 S CLYDE MORRIS BLVD UNIT 501 PORT ORANGE, FL 32129 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State Zip Country | | | City & State Zip Country | | |
| 4. FEI Number 20-8925127 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | 04292008 Chg-P CR2E034 (12/06) | | |
| 6. Name and Address of Current Registered Agent ARMAND, HENRY J 4647 S CLYDE MORRIS BLVD UNIT 501 PORT ORANGE, FL 32129 | | | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when re-registering)</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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete ARMAND, HENRY J 4647 S CLYDE MORRIS BLVD, SUITE 501 PORT ORANGE, FL 32129 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete ARMAND, TONY 4647 S CLYDE MORRIS BLVD, SUITE 501 PORT ORANGE, FL 32129 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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>Henry J Armand</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date: <u>4-29-08</u> (386) 767-9811 <small>Daytime Phone #</small> | | |