## 2008 FOR PROFIT CORPORATION

## **FILED** Mar 24, 2008 08:00 A

| ANNUAL REPORT Secretary of St  | Sccicia  | -1  | <del></del>  |  |   |   |
|--|--|---|--|--|---|---|
| MENT # P07000056345  ROTHERS PIZZA & ITALIAN CUISINE, INC.   |  |   |  | •  | m <del>o</del>  | 1. Entity Nan   |
| PLACE #101 4006 SE 19TH PLACE #101 L 33904 CAPE CORAL, FL 33904  | . Bani ilah dain ban ban bani bing bing bing   |   |  | 4006 SE 19TH PLACE #101  | ce of Business<br>OTH PLACE #101<br>L, FL 33904   | '   |
| ce of Business - No P.O. Box # 3. Mailing Address  |  |   |  | 3. Mailing Address   | Place of Business - No P.O. Box #   | 2. Principal F  |
| 02032000 Gilg-F GIZE034 (1210)   |  |   |  | ,  | . #, etc.   | Suite, Apt.   |
| City & State 4. FEI Number Applied For Not Applicable  |  | 4. FEI Number                             |  |  | ite   | City & Stat   |
| Country Zip Country 5. Certificate of Status Dosired \$8.75 Additional Fee Required  | Fee I  | <u> </u>                                  | itry   |  |   | Zip   |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name   | Address of New Registered Agent  | 7. Name and Ad                            | Nama   | Registered Agent   | 6. Name and Address of Current I  |   |
| SALVATORE J TH PLACE #101 Street Address (P.O. Box Number is Not Acceptable)   | er is Not Acceptable)  | (P.O. Box Number is                       |  |  | , SALVATORE J<br>19TH PLACE #101<br>RAL, FL 33904   | 4006 SE 1   |
| City Zip Code  | FL <sup>2</sup>  |   | City   |  |   |   |
| amed 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 is of registered agent.   |  |   |  |  | •   |   |
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| amed 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 is of registered agent.    CATE Registered Agent Signature required with remission   DATE   | DATE   | .00 May Be<br>led to Fees                 | ncing \$5.   | 9. Election Campaign Fina Trust Fund Contribution  | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0   | FIL<br>After Ma   |
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| amed 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 is of registered agent.    Content   Speed or printed name of registered agent and after / applicable   (NOTE Registered Agent signature required when remaining)   DATE   | CHANGES TO OFFICERS AND DIRECTION OF THE COMMENT OF T | .00 May Be<br>led to Fees<br>ADDITIONS/CH | Adde   | 9. Election Campaign Fina Trust Fund Contribution  Directors 11  Delete 11  Delete 11  Delete 11  Delete 11  NA  STR  CIT  | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0  OFFICERS AND I  LANZIERI, SALVATORE J  4006 SE 19TH PLACE #101 | FIL After Ma  |
| amed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida   Familiar with, and accept is of registered agent.    Violate Spead or product name of registered agent   Violate Spead or productions of registered agent   Violate State of Florida    | CHANGES TO OFFICERS AND DIRE  U00000868065 04/08/08-80096-01   | .00 May Be<br>led to Fees<br>ADDITIONS/CH | Adde   | 9. Election Campaign Fina Trust Fund Contribution  Directors 11  Delete IIII  Delete IIII  Delete IIII  AAA STR CIT  Delete IIII  AAA STR CIT  STR CIT  STR CIT  STR CIT  AAA STR CIT  STR STR   | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0  OFFICERS AND I  LANZIERI, SALVATORE J  4006 SE 19TH PLACE #101 | FIL After M:  10.  TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP STREET ADDRESS   |
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of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.