

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90038 032 ***150.00

DOCUMENT # P07000063201					
1. Entity Name PEPPERONIS OF WELLINGTON INC.					
Principal Place of Business 13889 WELLINGTON TRACE A-14 WELLINGTON, 33414			Mailing Address 330 OLD COUNTRY RD WELLINGTON, FL 33414		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address TRACE 13889 WELLINGTON TRACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc. A-14		01112008 Chg-P CR2E034 (12/06)	
City & State		City & State WELLINGTON		4. FEI Number 26-0270250	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33414		Country USA			
6. Name and Address of Current Registered Agent RABINOWITZ, RANDY P 330 OLD COUNTRY RD WELLINGTON, FL 33414			7. Name and Address of New Registered Agent Name ANTONIO MANGLAVITI Street Address (P.O. Box Number is Not Acceptable) 13889 WELLINGTON TRACE A-14 City WELLINGTON FL Zip Code 33414		
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 1.22.08 <small>Signature, typewritten 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RABINOWITZ, RANDY 330 OLD COUNTRY RD WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D P MANGLAVITI ANTONIO 13889 WELLINGTON TRACE, A-14 WELLINGTON, FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RANDY RABINOWITZ		Date 1/22/08 Daytime Phone # (561) 422-2411	