


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90022 028 \*\*\*150.00


<b>DOCUMENT # P07000094350</b>	
1. Entity Name <b>CITI CENTRE COPANS 528, INC.</b>	

Principal Place of Business <b>4611 JOHNSON ROAD SUITE 1 COCONUT CREEK FL 33073 US</b>	Mailing Address <b>4611 JOHNSON ROAD SUITE 1 COCONUT CREEK FL 33073 US</b>
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2. Principal Place of Business - No P.O. Box # <b>1901 N. Federal Hwy</b>	3. Mailing Address <b>1901 N. Federal Hwy</b>
Suite, Apt. #, etc. <b>112</b>	Suite, Apt. #, etc. <b>112</b>

City & State <b>Pompano Beach FL</b>	City & State <b>Pompano Beach, FL</b>
Zip <b>33062</b>	Zip <b>33062</b>
Country <b>USA</b>	Country <b>USA</b>

**40004063**



1st MOORE CR2E034 (10/07)

4. FEI Number <b>26-0766579</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>CARNRICK, PAUL 4611 JOHNSON ROAD SUITE 1 COCONUT CREEK FL 33073</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) <b>1901 N. Federal Hwy</b>	
<b>Ste 112</b>	
City <b>Pompano Beach</b>	State <b>FL</b>
Zip Code <b>33062</b>	

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 **Paulk Carnrick** DATE **2-7-8**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.T. CARNRICK, PAUL 5014 BLUE HERON WAY BOCA RATON FL 33431</b>
<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **Paulk Carnrick** **Paulk Carnrick** **2-7-8** **561-213-0202**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



*pizza, pasta, perfect*

**CORPORATE OFFICES**

4611 JOHNSON RD, SUITE #1  
COCONUT CREEK, FLORIDA 33073  
954 601 0500 FAX 954 601 0501  
info@rotellipizzapasta.com

**ATTACHMENT**

40064023

# P07000094350

February 28, 2008

To all our Vendors:

RE: Change of Mailing Address & Phone Number

Dear Valued Vendors,

Effective immediately our mailing address and corporate phone number has changed, please forward all invoices, statements or any correspondence to:

Citi Centre Copans 528, Inc.  
DBA: Rotelli Pizza Pasta  
1901 N. Federal Hwy, Unit 112  
Pompano Beach, FL 33067  
Phone# (954) 642-6966  
Email: [maria@rotellipp.com](mailto:maria@rotellipp.com)

You can contact at this number Paul Carnrick, Adam Eckstein or Maria N. Cintron. We apologize for the inconvenience and if we can assist you in any way please do not hesitate to contact us. Thank you for your cooperation and look forward to doing business with you.

Sincerely,

Maria N. Cintron

Accounting Manager

(954) 642-6966