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SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN -9 PM 4:16

2008 FOR PROFIT CORPORATION ANNUAL REPORT

04-15-2008 90022 007 ***150.00

DOCUMENT # P07000115877

1. Entity Name
BAY PIZZA, INC.

Principal Place of Business	Mailing Address
14609 LIVINGSTON AVE LUTZ, FL 33559 US	14609 LIVINGSTON AVE LUTZ, FL 33559 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02272008 Chg-P CR2E034 (12/06)

4. FEI Number 26 1289914 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE LAW OFFICES OF NICK SPRADLIN, PLLC
12000 NORTH DALE MABRY HWY
SUITE 110
TAMPA, FL 33618

7. Name and Address of New Registered Agent

Name: SUKRU CAKMAK
Street Address (P.O. Box Number is Not Acceptable): 14609 LIVINGSTON AVE
City: LUTZ FL Zip Code 33559

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 [signature] SUKRU CAKMAK 5-12-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	PSTD CAKMAK, MEHMET 14609 LIVINGSTON AVE LUTZ, FL 33559	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD CAKMAK, SUKRU 14609 Livingston Ave Lutz, FL 33559	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	R 6/9/08	☐ Change ☐ Addition

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] SUKRU CAKMAK 4-11-08 (813)975-0060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #