2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000119589

Entity Name: JACKSONVILLE PIZZA INC.

FILED Nov 04, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1501 SOUTH LANE AVENUE JACKSONVILLE, FL 32201

Current Mailing Address: New Mailing Address:

1501 SOUTH LANE AVENUE JACKSONVILLE, FL 32201

FEI Number: 26-1338734 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DEBEES, MARWAN M

1501 SOUTH LANE AVENUE
JACKSONVILLE, FL 32201 US

AMAIRIA, FAROUK P
1501 SOUTH LANE AVENUE
JACKSONVILLE, FL 32201 US

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.

SIGNATURE: FAROUK AMAIRIA 11/04/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition DEBEES, MARWAN M AMAIRIA, FAROUK P Name: Name: 1501 SOUTH LANE AVENUE 1501 SOUTH LANE AVENUE Address: Address: JACKSONVILLE, FL 32201 City-St-Zip: JACKSONVILLE, FL 32201 City-St-Zip:

 Title:
 T
 () Delete
 Title:
 VP
 (X) Change () Addition

 Name:
 DEBES, JEAN M
 Name:
 DEBES, MARWAN M VP

Address: 1501 SOUTH LANE AVENUE Address: 1501 SOUTH LANE AVENUE City-St-Zip: JACKSONVILLE, FL 32201 City-St-Zip: JACKSONVILLE, FL 32201

Title: S (X) Delete Title: () Change () Addition

 Name:
 ABABSEH, AHMAD
 Name:

 Address:
 1501 SOUTH LANE AVENUE
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32201
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FAROUK AMAIRIA P 11/04/2008