

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000125390

Entity Name: AUTHENTIC NY PIZZA INC.

FILED
Jul 22, 2009
Secretary of State

Current Principal Place of Business:

6602 OLD WINTER GARDEN ROAD
ORLANDO, FL 32835

New Principal Place of Business:

6602 OLD WINTER GARDEN ROAD
ORLANDO, FL 32835 US

Current Mailing Address:

6602 OLD WINTER GARDEN ROAD
ORLANDO, FL 32835

New Mailing Address:

6602 OLD WINTER GARDEN ROAD
ORLANDO, FL 32835 US

FEI Number: 26-1448273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDRADE, MANUEL
6602 OLD WINTER GARDEN ROAD
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANDRADE, MANUEL
Address: 6602 OLD WINTER GARDEN ROAD
City-St-Zip: ORLANDO, FL 32835

Title: VP () Delete
Name: MONTES, DOMINGO
Address: 6602 OLD WINTER GARDEN ROAD
City-St-Zip: ORLANDO, FL 32835

Title: MGR () Delete
Name: FERNANDO-ALAVA, MIGUEL
Address: 6602 OLD WINTER GARDEN ROAD
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ANDRADE, MANUEL
Address: 6602 OLD WINTER GARDEN ROAD
City-St-Zip: ORLANDO, FL 32835 US

Title: VP (X) Change () Addition
Name: MONTES, DOMINGO
Address: 6602 OLD WINTER GARDEN ROAD
City-St-Zip: ORLANDO, FL 32835 US

Title: MGR (X) Change () Addition
Name: FERNANDO-ALAVA, MIGUEL
Address: 6602 OLD WINTER GARDEN ROAD
City-St-Zip: ORLANDO, FL 32835 US

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: MANUEL ANDRADE

P

07/22/2009

Electronic Signature of Signing Officer or Director

Date