

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000134920

FILED
May 30, 2008
Secretary of State**Entity Name:** ANTONIO'S NEW YORK STYLE PIZZA, INC.**Current Principal Place of Business:**DBA ANTONIO'S NY STYLE PIZZA #2
590 A1A BEACH BLVD
SAINT AUGUSTINE, FL 32080**New Principal Place of Business:**164 S. HWY 17
SUITE #17
EAST PALATKA, FL 32131**Current Mailing Address:**DBA ANTONIO'S NY STYLE PIZZA #2
590 A1A BEACH BLVD
SAINT AUGUSTINE, FL 32080**New Mailing Address:**164 S. HWY 17
SUITE #17
EAST PALATKA, FL 32131**FEI Number:** 30-0455794**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ZORI, SAID NADER
5095 US 1 S
SAINT AUGUSTINE, FL 32086 US**Name and Address of New Registered Agent:**ZORI, SAID NADER
164 S. HWY 17
SUITE #17
EAST PALATKA, FL 32131 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: SAID NADER ZORI

05/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: ZORI, MAHTAB
Address: 12820 GLADESPRINGS DR S
City-St-Zip: JACKSONVILLE, FL 32246**Title:** VP (X) Delete
Name: ZORI, QUATA
Address: 12820 GLADESPRINGS DR S
City-St-Zip: JACKSONVILLE, FL 32246**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change () Addition
Name: ZORI, SAID NADER
Address: 164 S. HWY 17, SUITE #17
City-St-Zip: EAST PALATKA, FL 32131**Title:** () Change () Addition
Name:
Address:
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: SAID NADER ZORI

D

05/30/2008

Electronic Signature of Signing Officer or Director

Date