

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000079493

Entity Name: PIZZA-T-RIFIC, INC.

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1232 NORTH TAMIAMI TRAIL  
UNIT # 3  
NORTH FORT MYERS, FL 33903 US

**New Principal Place of Business:**

**Current Mailing Address:**

1232 NORTH TAMIAMI TRAIL  
UNIT # 3  
NORTH FORT MYERS, FL 33903 US

**New Mailing Address:**

FEI Number: 27-0996954      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ESPINOZA, MANUEL A  
4726 SW 24TH PLACE  
CAPE CORAL, FL 33914 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ESPINOZA, MANUEL A  
Address: 4726 SW 24TH PLACE  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: VP  
Name: ESPINOZA, EMMANUEL  
Address: 4726 SW 24TH. PLACE  
City-St-Zip: CAPE CORAL, FL 33914 US

I hereby 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 all other like empowered.

SIGNATURE: MANUEL A. ESPINOZA

PRES

02/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date