2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State
03-21-2007 90036 018 ***150.00

DOCUMENT # P93000043253

1. Entity Name
BIG APPLE PIZZA OF SAVAGE BOULEVARD, INC.

Principal Place of Business	Mailing Address
2824 SW PT ST LUCIE BLVD. PT ST LUCIE, FL 34983 US	3725 SE OCEAN BLVD SUITE 100 SEWALL'S POINT, FL 34996 US

02202007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	849 SW Grand Reserve Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Port St. Lucie, FL
Zip / Country	Zip: 34986 / Country: USA

4. FEI Number: 65-0426750 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LINO, LOUIS 6 ISLAND ROAD STUART, FL 34996	Name: JOSEPH INNAMORATO Street Address (P.O. Box Number is Not Acceptable): 849 SW Grand Reserve Blvd. City: Port St. Lucie FL Zip Code: 34986

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 _____ 2/20/2007
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, 2007 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	PVTS LINO, LOUIS 6 ISLAND ROAD STUART, FL 34996	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LINO, LOUIS 6 ISLAND ROAD STUART, FL 34996	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOMBARDI, CARMINE 449 HORSESHOE BAY PORT SAINT LUCIE, FL 34986	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition D/P/T/S JOSEPH INNAMORATO 849 SW GRAND RESERVE BLVD. PORT ST. LUCIE, FL 34986
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition VP ANN INNAMORATO 849 SW GRAND RESERVE BLVD. PORT ST. LUCIE, FL 34986
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: Joseph Innamorato 2/20/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #