

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
Feb 11, 2004 08:00 AM  
Secretary of State

**DOCUMENT # P93000060674**

1. Entity Name  
D & D LUNA PIZZA, INC.



Principal Place of Business  
4191 TAMiami TR., S.  
VENICE, FL 34293-5112 US

Mailing Address  
1100 HARBOR DRIVE SOUTH  
VENICE, FL 34285

**DO NOT WRITE IN THIS SPACE**



01262004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0432546

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

6. Name and Address of Current Registered Agent

ALTIERI, CECILIA M  
1100 HARBOR DRIVE SOUTH  
VENICE, FL 34285

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000046632  
02/12/04-80008-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALTIERI, CECILIA M 1100 HARBOR DRIVE S VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ALITIERI, MICHAEL 1100 HARBOR DRIVE SOUTH VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an officer or receiver empowered.

SIGNATURE: *Cecilia M Altieri* *2/11/04*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #