

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90508 028 ***150.00

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1. Entity Name
PIZZA BY GIUSEPPE, INC.



Principal Place of Business
19361 SOUTH DIXIE HWY.
MIAMI, FL 33157

Mailing Address
19361 SOUTH DIXIE HWY.
MIAMI, FL 33157

04040173



04152004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0475831

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ORTIZ, JOSE R
19361 S DIXIE HWY
MIAMI, FL 33157

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number's Not Acceptable)
City **FL** Zip Code

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

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, 2004 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 VP ☒ Delete
NAME ORTIZ, JOSE R
STREET ADDRESS 19361 S DIXIE HWY
CITY-ST-ZIP MIAMI, FL 33157

TITLE PD ☒ Change ☐ Addition
NAME ORTIZ, JOSE R
STREET ADDRESS 19361 S DIXIE HWY
CITY-ST-ZIP MIAMI, FL 33157

TITLE DP ☒ Delete
NAME MOYAL, JOSEPH
STREET ADDRESS 2910 POINT E DR, UNIT M211
CITY-ST-ZIP N MIAMI BCH, FL 33160

TITLE VPD ☐ Change ☒ Addition
NAME ORTIZ, JOSE R JR.
STREET ADDRESS 19361 S DIXIE HWY
CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04 305-242-7174
Date Daytime Phone #