

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000083693</b>	
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



**DO NOT WRITE IN THIS SPACE**

04202005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0475831**

Applied For  
Not Applicable

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

**8. Name and Address of Current Registered Agent**

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

**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 *Jose R. Ortiz pres.*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4/21/05*  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORTIZ, JOSE R 19361 S DIXIE HWY MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ORTIZ, JOSE R JR 19361 S. DIXIE HWY MIAMI, FL 33157
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U00000333072  
04/26/05-80080-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Jose R. Ortiz pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/21/05*  
Date

*(305) 256-1272*  
Daytime Phone #