

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000034102

FILED
Jan 06, 2011
Secretary of State

Entity Name: SALVATORE PIZZA & PASTA, INCORPORATED

Current Principal Place of Business:

1550 W 84 STREET
SUITE 1
HIALEAH, FL 33014 US

New Principal Place of Business:

Current Mailing Address:

1550 W 84 STREET
SUITE 1
HIALEAH, FL 33014 US

New Mailing Address:

FEI Number: 65-0486807

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SQUADRITO, SALVATORE
3620 NW 94 AVE.
HOLLYWOOD, FL 33024 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: PD
Name: SALVATORE, SQUADRITO
Address: 3620 NW 94 AVE.
City-St-Zip: HOLLYWOOD, FL 33024

Title: VD
Name: MAXIMILIANO, SQUADRITO
Address: 6131 SW 158TH WAY
City-St-Zip: DAVIE, FL 33331

Title: SD
Name: SQUADRITO, AUGUSTO V
Address: 15768 NW 4TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: TD
Name: SQUADRITO, GIOVANNI
Address: 630 SE 5TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33016

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: AUGUSTO SQUADRITO

SD

01/06/2011

Electronic Signature of Signing Officer or Director

Date