## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000073684

Entity Name: SAL'S PIZZERIA ITALIAN CAFE', INC.

NAVARRE, FL 325667468

City-St-Zip:

FILED Apr 01, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	ARRE PKWY ( E, FL 32566746			
Current Mailing Address:			New Mailing Address:	
6903 NAV NAVARRE	ARRE PKWY ( E, FL 32566746	HWY 98) 68		
FEI Number	: 59-3269825	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of C	urrent Registered Agent:	Name and Address o	f New Registered Agent:
6903 NAV	ATA, SALVATO ARRE PKWY ( E, FL 32566740	HWY 98)		
	named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,
SIGNATU	RE:			
	Electror	ic Signature of Registered Ag	ent	Date
Election Car	mpaign Financin	g Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	LACOGNATA, S	E PKWY (HWY 98)	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address:	LACOGNATA, N	Delete MARIA M E PKWY (HWY 98)	Title: Name: Address:	( ) Change ( ) Addition

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SALVATORE LACOGNATA D 04/01/2009