


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90725 035 \*\*\*158.75

<b>DOCUMENT # P94000084539</b> 1. Entity Name <b>PACINO'S LIQUOR &amp; PIZZA, INC.</b>			
Principal Place of Business <b>12525 STATE RD. 535</b> <b>ORLANDO FL 32819</b> <b>US</b>		Mailing Address <b>12525 STATE RD. 535</b> <b>ORLANDO FL 32819</b> <b>US</b>	
2. Principal Place of Business <b>12525 STATE Rd 535</b> Suite, Apt. #, etc.		3. Mailing Address <b>12525 STATE Rd 535</b> Suite, Apt. #, etc.	
City & State <b>Orlando Florida</b> Zip <b>32836</b>		City & State <b>Orlando Florida</b> Zip <b>32836</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>59-3281668</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent <b>CARDELLA, ANDREA</b> <b>12523 STATE ROAD 535</b> <b>ORLANDO FL 32819</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b>	NAME <b>CARDELLA, ANDREA</b>	<input type="checkbox"/> Delete	
STREET ADDRESS <b>12523 STATE RD. 535</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b>ORLANDO FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.			
<b>SIGNATURE:</b> <u>Andrea Cardella</u> <b>ANDREA CARDELLA</b>		Date <u>4-16-04</u> Daytime Phone # <u>407-827-1101</u>	

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MOORE CR2E034 (11/03)