

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90008 043 \*\*\*150.00



**DOCUMENT # P95000022593**  
 1. Entity Name  
**PIZZA-RANT CAFE, INC.**

Principal Place of Business      Mailing Address  
**837 N. NOB HILL RD**      **837 N. NOB HILL RD**  
**PLANTATION FL 33325**      **PLANTATION FL 33325**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

1st MOORE      CR2E034 (10/06)

4. FEI Number      Applied For  
**65-0719000**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**SILVESTRO, ANTONIO**  
**837 W. NOB HILL RD**  
**PLANTATION FL 33325**

**7. Name and Address of New Registered Agent**  
 Name  
**BRIAN JOSE PAEZ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**10709 CLEARY Blvd. #307**  
 City      State      Zip Code  
**Plantation      FL      33324**

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 *Antonio Silvestro*  
Signature, typed or printed name of registered agent and title - applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE PR	NAME SILVESTRO, ANTONIO	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 11331 NW 5TH ST	CITY-STATE-ZIP PLANTATION FL 33325	
TITLE VP	NAME SILVESTRO, JOSEPHINE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 11331 NW 5TH ST	CITY-STATE-ZIP PLANTATION FL 33325	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-STATE-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-STATE-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-STATE-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-STATE-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE BRIAN JOSE PAEZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10709 CLEARY Blvd. #307	
CITY-STATE-ZIP Plantation, FL. 33324	<b>President</b>
TITLE Antonio Silvestro	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 11331 NW 5th Street	
CITY-STATE-ZIP Plantation, FL. 33325	<b>- Sec.</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** *Antonio Silvestro*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #