

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90158 005 ***158.75

DOCUMENT # P95000023631

1. Entity Name

NEW YORK PIZZERIA DELICATESSEN, INC.



Principal Place of Business

373 N ORANGE AVE
ORLANDO FL 32801

Mailing Address

7931 BRIDGESTONE DR.
ORLANDO FL 32835

00003372



2. Principal Place of Business

127 West Church Street

3. Mailing Address

Suite, Apt. #, etc.

Suite 350

City & State

Orlando, Florida

Zip

32801

Country

Orange

City & State

Zip

Country

4. FEI Number

59-3350307

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

RUSSO, PAUL
7931 BRIDGESTONE DR.
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P ☒ Delete
NAME: RUSSO, PAUL
STREET ADDRESS: 7931 BRIDGESTONE DR
CITY-ST-ZIP: ORLANDO FL 32835

TITLE: VP ☒ Delete
NAME: PEARLMAN, LOUIS
STREET ADDRESS: 127 WEST CHURCH STREET SUITE 350
CITY-ST-ZIP: ORLANDO FL 32801

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☒ Change ☐ Addition
NAME: *PT Russo Concepts, Inc.*
STREET ADDRESS: *7931 Bridgestone Dr.*
CITY-ST-ZIP: *Orlando, FL 32835*

TITLE: ☒ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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CITY-ST-ZIP:

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STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/06

1407/230-8800