2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an addre-

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF STAND OFFICER OR DIRECTOR

Secretary of State DOCUMENT # P95000049414 03-07-2007 90003 011 ***150.00 1. Entity Name PIAZZA REALTY CORP. Principal Place of Business Mailing Address 13777 BELCHER ROAD S 13777 BELCHER ROAD LARGO, FL 33771 LARGO, FL 33771 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 59-3321226 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PIAZZA, JOHN J Street Address (P.O. Box Number is Not Acceptable) 13777 BELCHER ROAD S LARGO, FL 33771 City Zip Code FL 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition PIAZZA, JOHN J SR NAME NAME STREET ADDRESS 13777 BELCHER ROAD S. STREET ADDRESS CITY-ST-ZIP LARGO, FL 33771 CITY-ST-ZIP VPD TITLE ☐ Delete TITLE Change ☐ Addition PIAZZA, ROSEMARY NAME NAME STREET ADDRESS 13777 BELCHER ROAD S. STREET ADDRESS CITY-ST-ZIP LARGO, FL 33771 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition KUZEL, DANETTE NAME NAME STREET ADDRESS 13777 BELCHER ROAD S. STREET ADDRESS CITY-ST-ZIP LARGO, FL 33771 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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

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