## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 25, 2007 08:00 Al **DOCUMENT # P96000006286 Secretary of State** 1. Entity Name VALENTINO'S PIZZA, INC. Mailing Address Principal Place of Business 8600 SW 133 AVENUE ROAD 8600 SW 133 AVENUE ROAD -#119 #119 MIAMI, FL 33183 US MIAMI, FL 33183 US CR2E034 (11/05) 01192007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0633212 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARRERO, RAMON DO NOT WRITE **11664 NW 11TH AVENUE** MIAMI, FL 33168 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) Signature, lyped or printed name of registered agent and little if applicable U000000731778 FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be 05/09/07-80017-022 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. VD TITLE MARRERO, RAMON NAME 8600 SW 133RD AVE ROAD STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33183 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-380-1222