2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000006945

1. Entity Name

super pizza restaurant, inc.

FILED

05 MAY 27 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business / Mailing Address

1570 West 43 Pl. Ste 20
Hialeah, Fl. 33012

2. Principal Place of Business		3. Mailing Address	
1570 w.43 Pl.		Same	
Suite, Apt. #, etc. 20		Suite, Apt. #, etc.	
City & State Hialeah Fl.		City & State	
Zip 33012	Country U.S.A.	Zip	Country

05182004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0638384 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Leonard Luis L.
5318 Hayes Street
Hollywood, Fl 33021

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 ____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	President	☐ Delete
NAME	Luis Leonard L.	
STREET ADDRESS	5318 Hayes St.	
CITY-ST-ZIP	Hollywood, Fl. 33021	
TITLE	Treasure	☐ Delete
NAME	Iris m. Lay	
STREET ADDRESS	5318 HaYES street	
CITY-ST-ZIP	Hollywood, Fl. 33021	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	700055969897	
CITY-ST-ZIP	06/09/05--01031--016 **150.00	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
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 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.

SIGNATURE: [signature]