

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000050504

1. Entity Name  
N.Y. PIZZA DEPARTMENT, INC.



Principal Place of Business  
7 S. OCEAN BLVD.  
LAKE WORTH, FL 33460 US

Mailing Address  
7 S. OCEAN BLVD.  
LAKE WORTH, FL 33460 US



03122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0676447

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

WEINSTEIN, FRED  
1903 SOUTH CONGRESS AVENUE  
SUITE 310  
BOYNTON BEACH, FL 33426

**DO NOT WRITE  
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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
SCALABINO, VITO  
7 S OCEAN BLVD  
LAKE WORTH, FL 33460

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
COLUMBIA, LINDA  
19610 BLACK OLIVE LANE  
BOCA RATON, FL 33498

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1/000000270456  
03/21/05-80008-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Vito Scalabino*  
SIGNATURE AND TYPED OR PRINTED NAME OF VITO SCALABINO

3/18/05 561  
585 6973  
Date Daytime Phone #