

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**3 Mar 30, 2007 8:00 am
Secretary of State**

03-12-2007 90372 013 ***150.00

DOCUMENT # P96000050889

1. Entity Name
ANNIE'S PIZZA AND SUBS, INC.



Principal Place of Business
**2524 NORTH STATE ROAD 7
MARGATE, FL 33063**

Mailing Address
**2524 NORTH STATE ROAD 7
MARGATE, FL 33063**



02052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0667311

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**PALMERINI, ANTHONY
2524 NORTH STATE ROAD 7
MARGATE, FL 33063**

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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 renewing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SABANOS, ANNE M
STREET ADDRESS	5781 N.W. 48TH DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	D
NAME	SABANOS, GERRALD M
STREET ADDRESS	5781 N.W. 48TH DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Annie M Sabanos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/07
Date

954 480 905
Daytime Phone #