


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000069180 1. Entity Name S.T. MONROEVILLE PIZZA, INC.	
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Principal Place of Business 19501 BISCAYNE BLVD SUITE 400 AVENTURA, FL 33180	Mailing Address 19501 BISCAYNE BLVD SUITE 400 AVENTURA, FL 33180
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04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0691854	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SOFFER, MARSHA S 19501 BISCAYNE BLVD SUITE 400 AVENTURA, FL 33180

**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, 2004 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	PT SOFFER, MARSHA S 19501 BISCAYNE BLVD., STE 400 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SOFFER, JACQUELYN R 19501 BISCAYNE BLVD AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC SOFFER, JEFFREY M 19501 BISCAYNE BLVD AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOFFER, BROOKE L 19501 BISCAYNE BLVD AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000138054
04/29/04-80064-021 150.00

**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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-04 305-937-6200