


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90017 014 ***150.00

DOCUMENT # P96000075579
 1. Entity Name
LUTINA'S PIZZA & SUBS, INC.



Principal Place of Business Mailing Address
 10800 N. MILITARY TRAIL 10800 N. MILITARY TRAIL
 PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410

94010483



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

01212004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0698429 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

FIELDS, GARY D
ADMIRALTY TOWER - SUITE 700
4400 PGA BOULEVARD
PALM BEACH GARDENS, FL 33410

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
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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BRANCHESI, DAVID D 5888 GOLDEN EAGLE CIRCLE LANE 3 PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BRANCHESI, DAVID D. 14765 NORTHLAKE BLVD. WEST PALM BEACH, FL 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD BRANCHESI, B M 6202 GEMINATA OAK COURT PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Maie Branchesi* **MAIE BRANCHESI** Date: **01-29-04** Daytime Phone #: **(561) 775-1525**