

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000090354

1. Entity Name
AT'S A PIZZA INCORPORATED



Principal Place of Business
1509 EAST LAS OLAS BLVD.
FT LAUDERDALE, FL 33301

Mailing Address
1509 EAST LAS OLAS BLVD.
FT LAUDERDALE, FL 33301



02262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FET Number
65-0706328

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LUCANIA, NUNZIO J
1509 EAST LAS OLAS BLVD.
FT LAUDERDALE, FL 33301

**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

U000000160070
05/13/04-80006-012 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME LUCANIA, NUNZIO J
STREET ADDRESS 1509 EAST LAS OLAS BLVD
CITY - ST - ZIP FT LAUDEDALE, FL 33301

TITLE D
NAME LUCANIA, MARCO
STREET ADDRESS 1509 EAST LAS OLAS BLVD
CITY - ST - ZIP FT LAUDEDALE, FL 33301

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

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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: Nunzio Lucania Date May 11/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #