


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED** 950  
**Jul 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000040692**

1. Entity Name  
VILLA PIZZA INVESTMENTS, INC.



Principal Place of Business 9409 US HIGHWAY 19 DEPT 1907 PORT RICHEY, FL 34668	Mailing Address 17 ELM ST. DEPT 1907 MORRISTOWN, NJ 07690
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**DO NOT WRITE IN THIS SPACE**



07062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3452560	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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 \_\_\_\_\_ 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**  
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCOTTO, BIAGIO 17 ELM ST. MORRISTOWN, NJ 07690
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PUGLIESE, BIAGIO 17 ELM ST MORRISTOWN, NJ 07960
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1000000312763  
07/14/05-80005-025 150.00

**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: Biagio Pugliese SECRETARY 7/17/05 973 285-4800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*BIAGIO PUGLIESE*