

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000077203

FILED
Feb 05, 2009
Secretary of State

Entity Name: GIOVANNI'S RESTAURANT & PIZZERIA, INC.

Current Principal Place of Business:

1915 ALOMA AVE
WINTER PARK, FL 32792 US

New Principal Place of Business:

Current Mailing Address:

820 LAKE KATHRAN CR
CASSELBERRY, FL 32707 US

New Mailing Address:

820 LAKE KATHRYN CIR
CASSELBERRY, FL 32707 US

FEI Number: 59-3471549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIKOLLAJ, KRIST
1915 ALOMA AVE
WINTER PRK, FL 32792 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NIKOLLAJ, KRIST
Address: 1915 ALOMA AVE
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: NIKOLLAJ, MHILL
Address: 1915 ALOMA AVE
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: NIKOLLAJ, JOZEK
Address: 1915 ALOMA AVE
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: NIKOLLAJ, LEKA
Address: 1915 ALOMA AVE
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: NIKOLLAJ, JOZEK
Address: 1915 ALOMA AVE
City-St-Zip: WINTER PARK, FL 32792

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRIST NIKOLLAJ

D

02/05/2009

Electronic Signature of Signing Officer or Director

Date