

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000089703

FILED  
Mar 07, 2007  
Secretary of State

Entity Name: PIZZERIA REGINA OF FLORIDA, INC.

## Current Principal Place of Business:

OVIEDO MARKETPLACE  
1600 OVIEDO MARKETPLACE BLVD  
OVIEDO, FL 32765 US

## New Principal Place of Business:

## Current Mailing Address:

BOSTON RESTAURANT ASSOCIATES  
999 BROADWAY, SUITE 400  
SAUGUS, MA 01906 US

## New Mailing Address:

BOSTON RESTAURANT ASSOCIATES  
SIX KIMBALL LANE  
LYNNFIELD, MA 01940 US

FEI Number: 58-2367591

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: PTD ( ) Delete  
Name: CHAPDELAINE, GEORGE R  
Address: 999 BROADWAY, SUITE #400  
City-St-Zip: SAUGUS, MA 01906

Title: S ( ) Delete  
Name: FABRIZIO, ROBERT  
Address: 999 BROADWAY, SUITE 400  
City-St-Zip: SAUGUS, MA 01906

Title: AS ( ) Delete  
Name: SHERMAN, WARREN  
Address: 999 BROADWAY SUITE 400  
City-St-Zip: SAUGUS, MA 01906

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: SALAS, CARLOS  
Address: SIX KIMBALL LANE, SUITE 210  
City-St-Zip: LYNNFIELD, MA 01940

Title: S (X) Change ( ) Addition  
Name: ROSS, FRAN V  
Address: 999 BROADWAY, SUITE 210  
City-St-Zip: LYNNFIELD, MA 01940

Title: AS (X) Change ( ) Addition  
Name: FABRIZIO, ROBERT  
Address: SIX KIMBALL LANE SUITE 210  
City-St-Zip: LYNNFIELD, MA 01940

I hereby certify that the information supplied with this filing does not qualify for the 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: CARLOS SALAS

PRES

03/07/2007

Electronic Signature of Signing Officer or Director

Date