


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 08:00 AM
Secretary of State

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| DOCUMENT # P97000090910 1. Entity Name VITANOVA PIZZA, INC. |  |
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| Principal Place of Business 3326-7 DEL PRADO BLVD #7 CAPE CORAL, FL 33904 US | Mailing Address 3326-7 DEL PRADO BLVD #7 CAPE CORAL, FL 33904 US |
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DO NOT WRITE IN THIS SPACE



03282005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0811645 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

PEREZ, ROGELIO P
4233 SE 8TH PL
CAPE CORAL, FL 33904

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD PEREZ, MARIETTA B 4233 SE 8TH PLACE CAPE CORAL, FL 33904 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PEREZ, ROGELIO 4233 SE 8TH PLACE CAPE CORAL, FL 33904 |
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05/05/05-80146-025 150.00

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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: *X*  **3-28-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #