2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State
01-26-2004 90055 005 ***150.00

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1. Entity Name
CASTLE NOVO PIZZA
3001 West 12 Ave, Unit #10
Hialeah, FL 33012
Phone 1(305) 826-0664

01062004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
CASTLE NOVO PIZZA - 3001 West 12 ave #10 Hialeah FL-33012	
2. Principal Place of Business: CASTLE NOVO PIZZA	3. Mailing Address: CASTLE NOVO PIZZA
Suite, Apt. #, etc.: 3001 W 12 ave #10	Suite, Apt. #, etc.: 3001 West 12 ave #10
City & State: Hialeah	City & State: Hialeah FL
Zip: FL 33012 Country: USA	Zip: FL-33012 Country: U.S.A.

4. FEI Number: 65-0804568 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name: CASTLE NOVO PIZZA
	Street Address (P.O. Box Number is Not Acceptable): 3001 West 12 ave #10
	City: Hialeah FL Zip Code: 33-012

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: Carlos T. De Leon 01/21/2004
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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENTE CASTLE NOVO PIZZA 3001 West 12 ave #10 Hialeah FL-33012	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Carlos T. De Leon 01/21/2004 (305) 826-0664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #