


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000049247 1. Entity Name LUTINA'S PIZZA & SUBS STORE #2, INC.	
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Principal Place of Business 6901 OKEECHOBEE BOULEVARD LAKE POINT CENTRE - #C-3 WEST PALM BEACH, FL 33411	Mailing Address 6901 OKEECHOBEE BOULEVARD LAKE POINT CENTRE - #C-3 WEST PALM BEACH, FL 33411
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01282004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0842544	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 FIELDS, GARY D ADMIRALTY TOWER - SUITE 700 4400 PGA BOULEVARD PALM BEACH GARDENS, FL 33410	DO NOT WRITE IN THIS SPACE
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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 *G Branchesi* 2-29-04
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000075406 03/03/04-80058-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRANCHESI, LOURDES G 8623 HIGH CAY WEST PALM BEACH, FL 33411
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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: *G Branchesi Lourdes Branchesi* 2-29 361-697-8030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #