FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90038 011 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000083236

1. Entity Name
SAFE PIZZA DELIVERY, INC

40011066

Principal Place of Business
~~2800 N MILITARY TRAIL~~
~~# 100~~
~~WEST PALM BEACH, FL 33409~~

Mailing Address
~~PO BOX 223091~~
~~WEST PALM BEACH, FL 33409~~

2. Principal Place of Business - No P.O. Box #
12838 72nd Ct. N.
Suite, Apt #, etc
City & State: West Palm Beach FL
Zip: 33412 Country: USA

3. Mailing Address
10130 NORTHLAKE BLVD
Suite, Apt. #, etc
SUITE 214 #330
City & State: WEST PALM BEACH , FL
Zip: 33412 Country: USA

01122008 Chg-P CR2E034 (12/06)

4. FEI Number: 65-0866699 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MENAPACE, BERNIE
~~2800 N MILITARY TRAIL STE 101~~
~~WEST PALM BEACH, FL 33409~~

7. Name and Address of New Registered Agent

Name: SAME AS CURRENT AGENT
Street Address (P.O. Box Number is Not Acceptable): 10130 NORTHLAKE BLVD
SUITE 214, #330
City: WEST PALM BEACH FL Zip Code: 33412

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: [signature] Bernie Menapace 1/23/08
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, 2008 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	D	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	MENAPACE, BERNIE		NAME	
STREET ADDRESS	~~2800 N. MILITARY TRAIL #101~~		STREET ADDRESS	10130 NORTHLAKE BLVD, STE 214, #330
CITY-ST-ZIP	~~WEST PALM BEACH, FL 33409~~		CITY-ST-ZIP	WEST PALM BEACH, FL 33412
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [signature] Bernie Menapace 1/23/08 561-891-1799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #