

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000083236

**Entity Name:** SAFE PIZZA DELIVERY, INC.

**FILED**  
**Jan 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

12838 72ND CT. N.  
WEST PALM BEACH, FL 33412

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 223091  
WEST PALM BEACH, FL 33422

**New Mailing Address:**

1128 ROYAL PALM BEACH BLVD  
217  
ROYAL PALM BEACH, FL 33411

**FEI Number:** 65-0866699

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MENAPACE, BERNIE  
12838 72ND CT. N.  
WEST PALM BEACH, FL 33412 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MENAPACE, BERNIE  
Address: 12838 72ND CT. N.  
City-St-Zip: WEST PALM BEACH, FL 33412

I hereby 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 all other like empowered.

SIGNATURE: BERNIE MENAPACE

PRES

01/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date