

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90395 039 ***150.00

DOCUMENT # P98000087597

1. Entity Name
PIZZA BOYS OF S.W. BROWARD, INC.



Principal Place of Business
292 N.W. 172ND AVE
SPACE T-2
PEMBROKE PINES, FL 33029 US

Mailing Address
292 N.W. 172ND AVE
SPACE T-2
PEMBROKE PINES, FL 33029 US

50038812



04052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0873256

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GREENFIELD, RANDY
292 NW 172ND AVE T-2
HOLLYWOOD, FL 33029

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME GREENFIELD, RANDY
STREET ADDRESS 292 NORTHWEST 172ND AVENUE SPACE T-2
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE PST
NAME GREENFIELD, RANDY
STREET ADDRESS 292 NW 172ND AVE, SPACE T-2
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE VP
NAME GREENFIELD, RANDY
STREET ADDRESS 292 N.W. 172ND AVE, SPACE T-2
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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)(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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

934

4-14-05

761-7703