


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED 950
Jul 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000088283

1. Entity Name
VILLA PIZZA OF MIAMI INC.



Principal Place of Business: 17 ELM STREET, DEPT 1906, MORRISTOWN, NJ 07960

Mailing Address: 17 ELM STREET, DEPT 1906, MORRISTOWN, NJ 07960



07062005 No Chg-P CR2E034 (10/03)

4. FEI Number: 58-2420496 Applied For: Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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: _____ DATE: _____

Signature typed or printed name of registered agent and the "I" applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCOTTO, BIAGIO
STREET ADDRESS	17 ELM STREET
CITY - ST - ZIP	MORRISTOWN, NJ 07960
TITLE	S
NAME	PUGLIESE, BIAGIO
STREET ADDRESS	17 ELM ST
CITY - ST - ZIP	MORRISTOWN, NJ 07960
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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)(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: *Biagio Pugliese* SECRETARY Date: 7/7/05 Daytime Phone #: 973 285-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BIAGIO PUGLIESE