2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000101235

1. Entity Name
THAT OLD TIME PIZZA CORP.

Principal Place of Business	Mailing Address
360 SE 1ST ST MIAMI, FL 33131 US	360 SE 1ST ST MIAMI, FL 33131 US

2. Principal Place of Business		3. Mailing Address	
Suite Apt #, etc		Suite Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country

04042006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0879765 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FREITAS, MIRIAMMAR M
360 SE 1ST STREET
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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) DATE 04/18/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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 10
TITLE NAME STREET ADDRESS CITY ST ZIP	PT FREITAS, MIRIAMMAR M 360 SE 1ST STREET MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP ☐ Change ☐ Addition U00000528626 05/05/06-80045-015 150.00
TITLE NAME STREET ADDRESS CITY ST ZIP	SV FREITAS, MIRIAMMAR M 360 SE 1ST STREET MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP ☐ Change ☐ Addition

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) 04/18/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date