

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90020 022 ***150.00

DOCUMENT # P98000105691 1. Entity Name CLASSIC PIZZA CRUSTS INC.																																							
Principal Place of Business 2081 S.W. 70TH AVENUE #H-20 DAVIE, FL 33317		Mailing Address 2081 S.W. 70TH AVENUE #H-20 DAVIE, FL 33317																																					
2. Principal Place of Business 1501 GREEN ROAD Suite, Apt. #, etc. SUITE - E		3. Mailing Address 1501 GREEN ROAD Suite, Apt. #, etc. SUITE - E																																					
City & State POMPANO BEACH, FL.		City & State POMPANO BEACH, FL																																					
Zip 33064	Country U.S.A.	Zip 33064	Country U.S.A.																																				
4. FEI Number 65-0901331		Applied For <input type="checkbox"/> Not Applicable																																					
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																					
6. Name and Address of Current Registered Agent FIMIANO, ROSALIND 2081 S.W. 70TH AVENUE #H-20 DAVIE, FL 33317		7. Name and Address of New Registered Agent Name FIMIANO, ROSALIND Street Address (P.O. Box Number is Not Acceptable) 1501 GREEN ROAD SUITE - E City POMPANO BEACH FL 33064																																					
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 ROSALIND FIMIANO <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> D FIMIANO, ROSALIND 2081 SW 70 AVE #H-20 DAVIE, FL 33317 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FIMIANO, ROSALIND 2081 SW 70 AVE #H-20 DAVIE, FL 33317		<input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> D FIMIANO, ROSALIND 1501 GREEN ROAD SUITE - E POMPANO BEACH, FL. 33064 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FIMIANO, ROSALIND 1501 GREEN ROAD SUITE - E POMPANO BEACH, FL. 33064		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition														
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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 all other like empowered. SIGNATURE ROSALIND FIMIANO <i>Rosalind Fimiano</i> (954) 570-8383 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																							