2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 18, 2004 8:00 am **Secretary of State** DOCUMENT # P99000009021 1. Entity Name 02-18-2004 90007 012 ***158.75 TUTTO MATTO PIZZA, INC. Mailing Address Principal Place of Business 21301 S TAMIAMI TR, #400 17942 OAKMONT RIDGE CIRCLE ESTERO FL 33928 21301 S TAMIAMI TR, #400 ESTERO FL 33928 2. Principal Place of Business 3. Mailing Address Tamiani Ta 2/30/ Suite, Apt. #, etc. MOORE CR2E034 (11/03) #400 City & State Applied For City & State 4. FEI Number 65-0885767 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired 06 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JARAMILLO, OLMES Street Address (P.O. Box Number is Not Acceptable) 21523 BELHAVEN WAY FORT MYERS FL 33908 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** DATE 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. **L**Addition **PCEO** TITLE TITLE ☐ Delete NARUSA NAME JARAMILLO, OLMES NAME 2/30/ 5 21301 S TAMIAMI TR 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ESTERO FL 33928 CITY-ST-ZIP ☐ Change ☐ Addition TITLE DS Delete TITLE NAME JARAMILLO, DANIEL NAME STREET ADDRESS STREET ADDRESS 21301 S TAMIAMI TR 400 CITY-ST-ZIP ESTERO FL 33928 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME DANIEL, JARAMILLO ----NAME STREET ADDRESS 21301 S TAMIAMI TR 400 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ESTERO FL 33928 Delete TITI F Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chaone ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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

CER OR DIRECTOR

changed, or on an attachment with

SIGNATURE:

FILED