

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90331 033 ***150.00

DOCUMENT # P99000009021

1. Entity Name

TUTTO MATTO PIZZA, INC.



Principal Place of Business

21301 S TAMiami TR, #400
ESTERO, FL 33928

Mailing Address

21301 S TAMiami TR,
400
ESTERO, FL 33928

00000700



02222005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0885767

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

JARAMILLO, OLMES
21523 BELHAVEN WAY
FORT MYERS, FL 33908

**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 PCEO
NAME JARAMILLO, OLMES
STREET ADDRESS 21301 S TAMiami TR 400
CITY-ST-ZIP ESTERO, FL 33928

TITLE V
NAME JARAMILLO, NARCISA E
STREET ADDRESS 21301 S TAMiami TR 400
CITY-ST-ZIP ESTERO, FL 33928

TITLE T
NAME DANIEL, JARAMILLO
STREET ADDRESS 21301 S TAMiami TR 400
CITY-ST-ZIP ESTERO, FL 33928

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/18/05 239 9491401