2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
07-07-2005 90079 031 ***150.00
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05 JUL 26 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. Eckel JUL 26 2005

07032005 Chg-P CR2E034 (10/03)

DOCUMENT # P99000054211

1. Entity Name
THE PIZZA FACTORY, INC.

Principal Place of Business	Mailing Address
9180 GLADES ROAD BOCA RATON, FL 33434	9180 GLADES ROAD BOCA RATON, FL 33434

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

4. FEI Number: 65-0940950 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FOGEL, MITCHELL C
2499 GLADES RD, SUITE 105
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name: Steve Greenberg
Street Address (P.O. Box Number is Not Acceptable): 9180 Glades Road
City: Boca Raton FL Zip Code: 33434

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] Steve Greenberg 6/30/05
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
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENBERG, STEVEN 3975 COCOPLUM CIRCLE COCONUT CREEK, FL 33063	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Greenberg Steven 21745 LITTLE BEAR WAY BOCA RATON FL 33428	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 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] 6/30/05 561 483-5665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #