

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT****DOCUMENT # S04293**1. Entity Name  
**PITA PAN, INC.**Principal Place of Business  
1834 NOB HILL RD  
PLANTATION, FL 33322Mailing Address  
1834 NOB HILL RD  
PLANTATION, FL 33322FILED  
04 JUL 30 PM 1:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07/27/04 90035 017 300.00



07232004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**85-0220348**  
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

ZARIF, ABRAHAM  
1834 N NOB HILL RD  
PLANTATION, FL 33322**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 withdrawing)

DATE

**FILE NOW!! FEE IS \$150.00  
Due by September 8, 2004**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZARIF, ABRAHAM 1834 N NOB HILL RD PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. 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 MEMBER, OFFICER OR DIRECTOR

7/24/04 954-577-9005  
Date Daytime Phone



FROM : STEVEN KRAFT PA

FAX NO. :

Aug. 09 2004 11:59AM P1



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 29, 2004

PITA PAN, INC.  
1834 NOB HILL RD  
PLANTATION, FL 33322

Subject: PITA PAN, INC.

Reference Number: S04293

850-245-6017

ATT: TYRON SCOTT

Please Apply The \$300  
Payment TO:

\$150 PITA PAN Inc

\$150 NETANYA GOURMET FOOD Inc

Please be advised, we have received your annual report/uniform business report;  
however, the report has not been filed and a copy is being returned for the  
following correction(s):

The fee to file the enclosed profit annual report/uniform business report is  
\$150.00. If a certificate of status is desired, please add an additional \$8.75.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE  
CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O.  
BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF  
THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the  
Division of Corporations at 850-245-6056 and press 4. Your call will be  
answered in the order it is received.

/st

ANNUAL REPORTS SECTION

Sincerely,  
  
8/9/04