2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 30, 2004 8:00 am
Secretary of State

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03142004 Chg-P CR2E034 (10/03)

DOCUMENT # S55446

1. Entity Name
DELTONA PIZZA & SEAFOOD, INC.

Principal Place of Business	Mailing Address
4 DELTONA PLAZA DELTONA BLVD. DELTONA, FL 32725	4 DELTONA PLAZA DELTONA BLVD. DELTONA, FL 32725

2. Principal Place of Business	3. Mailing Address
3112 N. Woodland Blvd	PO Box 740096
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DeLand FL	City & State: Orange City FL
Zip: 32720 Country: USA	Zip: 32774 Country: USA

4. FEI Number: 59-3069530 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SOUSA, CARLOS A.
4 DELTONA PLAZA
DELTONA BLVD.
DELTONA, FL 32725

7. Name and Address of New Registered Agent

Name: Carlos Sousa

Street Address (P.O. Box Number is Not Acceptable): 1946 S Old Mill Dr

City: Deltona FL Zip Code: 32725

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: Carlos A. Sousa — DATE: 4/27/04

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
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SOUSA, CARLOS A.	NAME	
STREET ADDRESS	1946 S OLD MILL DR	STREET ADDRESS	
CITY-ST-ZIP	DELTONA, FL 32725	CITY-ST-ZIP	
TITLE	STD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SOUSA, OLIVIA	NAME	
STREET ADDRESS	1946 S OLD MILL DR	STREET ADDRESS	
CITY-ST-ZIP	DELTONA, FL 32725	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: ✓ Carlos A. Sousa — 4/27/04 — 386 734 5101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #