


**2004 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # S56181					
1. Entity Name LAROCCO'S PIZZA & BREW INC.					
Principal Place of Business 53 NE 44 ST OAKLAND PARK, FL 33334			Mailing Address 53 NE 44 ST OAKLAND PARK, FL 33334		
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 65-0264245	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LAROCCO, JOSEPH 10080 NW 62 ST PARKLAND, FL 33076				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAROCCO, JOSEPH			NAME	000040251690
STREET ADDRESS	10080 NW 62 ST			STREET ADDRESS	08/17/04--01059--023 **61.25
CITY-ST-ZIP	PARKLAND, FL			CITY-ST-ZIP	
TITLE	ST	Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAROCCO, VIRGINIA			NAME	
STREET ADDRESS	10080 NW 62 ST			STREET ADDRESS	
CITY-ST-ZIP	PARKLAND, FL			CITY-ST-ZIP	
TITLE	VIC. & PRESIDENT	Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID LAROCCO			NAME	
STREET ADDRESS	10080 NW 62 ST			STREET ADDRESS	
CITY-ST-ZIP	PARKLAND, FL 33076			CITY-ST-ZIP	
TITLE		Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Joseph S. LaRocco</u>				Date: <u>9/30/04</u> Daytime Phone #: <u>954-4916345</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					