


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # S56181		
1. Entity Name LAROCCO'S PIZZA & BREW INC.		
Principal Place of Business	Mailing Address	
53 NE 44 ST OAKLAND PARK, FL 33334	53 NE 44 ST OAKLAND PARK, FL 33334	



DO NOT WRITE IN THIS SPACE

04172005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0264245	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LAROCCO, JOSEPH
10080 NW 62 ST
PARKLAND, FL 33076**

**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**

**U000000345971
04/30/05-80057-012 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LAROCCO, JOSEPH
STREET ADDRESS	10080 NW 62 ST
CITY - ST - ZIP	PARKLAND, FL
TITLE	ST
NAME	LAROCCO, VIRGINIA
STREET ADDRESS	10080 NW 62 ST
CITY - ST - ZIP	PARKLAND, FL
TITLE	VP
NAME	LAROCCO, DAVID
STREET ADDRESS	10080 NW 62 ST.
CITY - ST - ZIP	PARKLAND, FL 33076
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)(f), 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:

Joseph L. Larocco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05
Date

954-491-8345
Daytime Phone #