2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

-	<i></i>	INNUA	L REPO	PRT (AR	<u>) </u>				FILE	D	
DOCU 1. Entity Nan		# S57126				Feb 11, 2004 08:00 AM Secretary of State					
PIZZA RA	ANT WES	IT, INC.						Seci	etai y	oi Sta	ite
Principal Plac	ce of Busines	s	Mailin	Mailing Address			1				
4921 SW 14 DAVIE FL 3	48 AVENUE 13331			4921 SW 148 AVENUE DAVIE FL 33331				1 11181118:10 :181 :01:11 INDIN	ı ildir kill bibli bir	111 minus ninus 1890)s	Biblical II (NA)
2. Principal Place of Business			3. Mai	3. Mailing Address							
Suite, Apt.				Suite, Apt #, etc.				MOORE	CR2E03	34 (11/03)	
City & State Zip Country				City & State Zip Country			4. FE	65-0265	112	1	Applied For Not Applicable
Zip	6. Name and Address of Current						<u> </u>	rtificate of Status Desire		\$8.75 A	
	o. Naine	and Address of C	urrent Registere	d Agent		Name	/. Nai	me and Address of Ne	w Hegistered	Agent	
SILVESTRO, ANTONIO 11331 NW 5 STREET PLANTATION FL 33325					Street Address (P.O. Box Number is Not Acceptable)						
, 47	WIATIO!	V I L 33020	-			City		·		Zıp Co	
5 71 1					· · · · · · · · · · · · · · · · · · ·	1			F) `	
the obligat	tions of regist	y submits this state ered agent.	ment for the purp	use of changing its	register	ed office or registe	red agen	t, or both, in the State of	f Florida. I ar	n familiar with	n, and accept
SIGNATURE	Signature, typed	or printed name of registe	red agont and title if app	incable (NOT	E Pacistere	d Agent signature require	d When roins	antino)	DAYE		 -
		!! FEE IS \$150.						······································			
Afte	r May 1, 200	04 Fee will be \$5 o Florida Departr	50.00				 Election Campaign Trust Fund Contrib 	-		.00 May Be ed to Fees	
10.		OFFICER	S AND DIRECTO	RS .	11.		ADD!	TIONS/CHANGES TO	ÖFFICERS AN	ID DIRECTO	RŠ IN 11
TITLE	D			☐ Delete	TITLE	Į.				☐ Change	Addition
NAME STREET ADDRESS	11331 NW	D, ANTONIO			NAM	E Et address		0000U	0047138	015 150	
CITY - ST - ZIP	PLANTATI					-ST-ZIP		02/12/04	_200072	112 120	. UU
TMLE	D			☐ Delete	TITLE					☐ Change	☐ Addition
NAME		D, JOSEPHINE			NAM	•					
STREET ADDRESS CITY-ST-ZIP	11331 NW					ET ADDRESS -ST-ZIP					
TITLE	11 22 21 21 1			☐ Delete	TITLE					☐ Change	- Addition
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NAME STREET ADDRESS					NAMI STRE	ET ADDRESS					
CITY-ST-ZIP]					-ST-ZIP					
TITLE				☐ Delete	TITLE					☐ Change	☐ Addition
NAME OTREET LORDESOC					NAME		1				
STREET ADDRESS CITY-ST-ZIP					- 1	et address - St-Zip					
	ertify that the	information suppli	ed with this filing	does not qualify for			ection 119	9.07(3)(i). Florida Statut	as. (further o	ertify that the	information
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: Dutiste Antonio Silvestro 2/1/04 434-1316											3/6

Antonio Sizuastro

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

434-1316 Dayame Phone #

SIGNATURE: