2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 24, 2009
Secretary of State

DOCUMENT# S95829

Entity Name: BIG APPLE PIZZA OF ST. LUCIE WEST, INC.

Current Principal Place of Business:

872 SW ST LUCIE W BLVD
PORT SAINT LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

3725 SE OCEAN BLVD
SUITE 100
STUART, FL 34996 US

New Mailing Address:

3725 SE OCEAN BLVD
SUITE 106
STUART, FL 34996 US

FEI Number: 65-0298221 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIND, LOUIS
6 ISLAND ROAD
STUART, FL 34996 US

Name and Address of New Registered Agent:

LINO, JOAN
6 ISLAND ROAD
STUART, FL 34996 US

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.

SIGNATURE: JOAN LINO 07/24/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: LINO, LOUIS
Address: 6 ISLAND ROAD
City-St-Zip: STUART, FL 34996

Title: D ( ) Delete
Name: LINO, LOUIS
Address: 6 ISLAND ROAD
City-St-Zip: STUART, FL 34996

Title: D ( ) Delete
Name: LOMBARDI, CARMINE
Address: 901 SW GRANDRESERVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: LINO, JOAN
Address: 6 ISLAND ROAD
City-St-Zip: STUART, FL 34996

Title: D (X) Change ( ) Addition
Name: LINO, JOAN
Address: 6 ISLAND ROAD
City-St-Zip: STUART, FL 34996

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAN LINO PST 07/24/2009
Electronic Signature of Signing Officer or Director Date