## ✓ 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # V58106

1. Entity Name BIG APPLE PIZZA, INC.



FILED Mar 12, 2008 08:00 A Secretary of State

Principal Place of Business

3725 S E OCEAN BLVD

SUITE 100

SEWALL'S POINT, FL 34996 US

Mailing Address

3725 S E OCEAN BLVD

SUITE 100

SEWALL' S POINT, FL 34996



## DO NOT WRITE IN THIS SPACE

01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3206941

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GALANTE, EDWARD B 516 CAMDEN STREET STUART, FL 34996

## DO NOT WRITE IN THIS SPACE

				•	
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered office or	registered agent, or bo	th, in the State of Florida. I am familia	ar with, and accept
SIGNATURE_					
	Signature, typed or printed name of registered agent and title	If applicable (NOTE Registered Agent signature)	re required when reinstating)	DATE	·
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		: 1
10 OFFICERS AND DIRECTORS		CTORS .			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINO, LOUIS 6 ISLAND ROAD STUART, FL 34996				•
TITLE NAME STREET ADDRESS CITY-SI-7IP				03/27/08-80005-010	) 15Ó.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and they 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 trueter 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:

TITLE
NAME
STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-Z(P
TITLE
NAME
STREET ADDRESS
CITY: ST-ZIP

NAME : '
STREET ADDRESS
CITY-ST-ZIP

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/08

(772) 223 1008