

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90421 010 \*\*\*150.00

|                                                                                                                      |                                                                                   |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P00000037305</b><br>1. Entity Name<br><b>PARK AVENUE BBQ &amp; GRILLE OF WEST PALM BEACH,<br/>INC.</b> |  |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                         |                                                                             |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Principal Place of Business<br><b>2215 PALM BEACH LAKES BLVD.<br/>W. PALM BEACH, FL</b> | Mailing Address<br><b>2215 PALM BEACH LAKES BLVD.<br/>W. PALM BEACH, FL</b> |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|

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04212004 No Chg-P CR2E034 (10/03)

|                                                                                                     |                               |
|-----------------------------------------------------------------------------------------------------|-------------------------------|
| 4. FEI Number<br><b>65-0999975</b>                                                                  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional<br/>Fee Required</b> |                               |

6. Name and Address of Current Registered Agent  
  
**BRAMS, DANIEL J ESQ  
1645 PALM BEACH LAKES BLVD., STE. 1050  
W. PALM BEACH, FL 33401**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                                                               |                                                                                                                            |  |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$350.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |  |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--|

10. OFFICERS AND DIRECTORS

|                                                |                                                                         |
|------------------------------------------------|-------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LAVALLEE, DEAN<br>2215 PALM BEACH LAKES BLVD.<br>W. PALM BEACH, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LAVALLEE, DEAN<br>2215 PALM BCH LAKES BLVD<br>WEST PALM BCH, FL    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         |

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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)(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:**  **DEAN LAVALLEE** **4/26/04** **561-654-2091**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #