

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000041324

FILED  
Jan 13, 2004  
Secretary of State

Entity Name: PASHA'S RESTAURANTS INC.

**Current Principal Place of Business:**

3801 N. MIAMI AVENUE  
MIAMI, FL 33127

**New Principal Place of Business:**

**Current Mailing Address:**

33 SAMANA DRIVE  
MIAMI, FL 33133

**New Mailing Address:**

3801 N. MIAMI AVENUE  
MIAMI, FL 33127

FEI Number: 65-1001893

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORTES, NICOLAS  
33 SAMANA DRIVE  
MIAMI, FL 33133 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CORTES, NICOLAS MR.  
Address: 33 SAMANA DRIVE  
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete  
Name: ELLEK, ANTONIO MR.  
Address: 650 WEST AVENUE, APT. 3104  
City-St-Zip: MIAMI BEACH, FL 33139

Title: O ( ) Delete  
Name: ELLEK, CARLA MS.  
Address: 650 WEST AVENUE, APT. 3104  
City-St-Zip: MIAMI BEACH, FL 33139

Title: O (X) Delete  
Name: BEAMAN, DAVID MR.  
Address: 11625 NW 11 ST.  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: O ( ) Delete  
Name: TUZEL, TULIN  
Address: 11820 SOUTH MITCHELL MANOR CIRCLE  
City-St-Zip: MIAMI, FL 33156

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NICOLAS CORTES

D

01/13/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date