AUG-03-04 TUE 01:55 PM FAX NO.

FILED
Sep 01, 2004 8:00 am
Secretary of State
09-01-2004 90005 050 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000033004

1. Entity Name
REFUEL SNACK BAR, INC.

54071251

Principal Place of Business	Mailing Address
20335 BISCAYNE BLVD. AVENTURA, FL 33180	20335 BISCAYNE BLVD. AVENTURA, FL 33180

07292004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 41-2089650 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WASSERSTROM, ELLEN ESQ.
100 W. CYPRESS CREEK RD., SUITE 700
FT. LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHRISTIE, JEFFREY 20335 BISCAYNE BLVD. AVENTURA, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MASONE, RICHARD 20335 BISCAYNE BLVD. AVENTURA, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Jeffrey Christie JEFF CHRISTIE 08/23/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

AUG-03-04 TUE 01:55 PM ATTACHMENT FAX NO. P. 01/02

P03000033004 (305) 935-4728

Berson & Corrado
CERTIFIED PUBLIC ACCOUNTANTS

TO: RICHARD MASONE 5407125 DATE: 7/29/04

INSTRUCTIONS FOR FILING ATTACHED RETURN

2004 ANNUAL REPORT

RETURN ENCLOSED (FOR YEAR)

		DECLARATION OF ESTIMATED TAX	INDIVIDUAL	PARTNERSHIP	CORPORATION	FIDUCIARY	OTHER
A	FEDERAL						
B	N.Y. STATE						
C	N.Y. CITY						
D	X OTHER				X		

TO BE SIGNED AND DATED BY

- TAXPAYER
- TAXPAYER AND SPOUSE
- X AN OFFICER
- A PARTNER
- EXECUTOR / EXECUTRIX
- TRUSTEE
- ADMINISTRATOR / ADMINISTRATIX

ON PAGES (S)

AMOUNT OF TAX

$ 150 PAYABLE IN FULL OR INSTALLMENTS AS FOLLOWS

NOTE: PLEASE RECORD THESE DUE DATES IN YOUR DIARY TO INSURE TIMELY PAYMENTS AND TO AVOID PENALTIES

DATE	AMOUNT	TYPE OF TAX	TAX PERIOD
	$		
	$		
	$		
	$		

150

MAKE CHECKS PAYABLE TO

- INTERNAL REVENUE SERVICE
- N.Y. STATE INCOME TAX
- N.Y. STATE CORPORATION TAX
- N.Y.C. DEPARTMENT OF FINANCE
- NEW YORK STATE SALES TAX
- X FLORIDA DEPARTMENT OF STATE
- YOUR BANK WITH FEDERAL TAX DEPOSIT COUPON: FILL IN "TYPE OF TAX" _____ "TAX PERIOD" _____
- NEW YORK STATE UNEMPLOYMENT INSURANCE _____

MAIL RETURN AND CHECK SO THEY ARRIVE BY A.S.A.P

A) FEDERAL INTERNAL REVENUE SERVICE CENTER

- HOLTSVILLE, N.Y. 00501
- P.O. BOX 102, NEWARK, N.J. 07101-0182
- ANDOVER, MASS 05501
- PHILADELPHIA, PA 19255

OTHER

B) CITY OF NEW YORK, DEPT. OF FINANCE BUREAU OF TAX OPERATIONS

- P.O. BOX _____, CHURCH ST. STA., NY, NY.
- P.O. BOX _____, WALL ST. STA., NY, NY.

OTHER

C) ___ ENVELOPE ATTACHED

D) NEW YORK STATE DEPT. OF TAXATION

- PROCESSING UNIT P.O. BOX 3982, NEW YORK, N.Y. 10008-3982
- NEW YORK STATE CORPORATION TAX PROCESSING UNIT, P.O. BOX 1909, ALBANY NY 12202-1909
- STATE PROCESSING CENTER P.O. BOX _____ ALBANY, NY 1220_

E) NYS SALES TAX PROCESSING

- JAF BUILDING P.O BOX 1205 NEW YORK, NY 10116-1205
- RECIPROCAL TAX AGREEMENT JAF BUILDING P.O BOX 1209 NEW YORK, NY 10116-1209

F) X OTHER DIVISION OF CORPORATIONS P.O BOX 1500 TALLAHASSEE, FL 32302-1500

OVERPAYMENT

- YOUR _____ TAX HAS BEEN OVERPAID BY $_____
- $_____ IS BEING APPLIED AGAINST YOUR ESTIMATED TAX FOR 19_____
- $_____ IS TO BE REFUNDED TO YOU

- X COPY OF RETURN IS ENCLOSED FOR YOUR FILES
- X PLACE YOUR ~~SOCIAL SECURITY OR~~ EMPLOYER IDENTIFICATION NUMBER ON CHECK AND 2004 ANNUAL REPORT
- ___ MAKE PENSION PLAN / PROFIT SHARING PLAN CONTRIBUTION OF $_____ BEFORE FILING THIS TAX RETURN
- ___ MAIL CERTIFIED CHECK / RETURN RECEIPT REQUESTED

RETAIN THIS SHEET