


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90006 040 ***150.00

DOCUMENT # P96000078641

1. Entity Name
FEINKOST RESTAURANTS, INC.



Principal Place of Business 6897 SW 18 STREET BOCA RATON, FL 33433 US	Mailing Address 6897 SW 18 STREET BOCA RATON, FL 33433 US
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DO NOT WRITE IN THIS SPACE



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0705666	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VOGIATZIS, GEORGIOS
 10787 SANTA ROSA DRIVE
 BOCA RATON, FL 33498**

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOGIATZIS, GEORGIOS 10787 SANTA ROSA DR BOCA RATON, FL 33498
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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: _____ **1-20-04** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #