


FILED
Apr 24, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000045907		
1. Entity Name ANNIE'S FRESH FISH & BAKED GOODS RESTAURANT, INC.		
Principal Place of Business 1100 NE 4TH AVENUE FORT LAUDERDALE, FL 33304	Mailing Address 1100 NE 4TH AVENUE FORT LAUDERDALE, FL 33304	



04192005 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0838638	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
**HUNTER, JAVIS
 1841 NW 45 STREET
 OAKLAND PARK, FL 33309**

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 _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaking) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000529343 05/05/06-80073-015 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HUNTER, JAVIS 1100-02 NE 4TH AVENUE FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HUNTER, CHRISTINE 1841 N.W. 45TH ST. OAKLAND PARK, FL 33309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 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 employment.

SIGNATURE: *[Signature]* PRESIDENT 4/19/06 (854) 963-9974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #