2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 14, 2005 08:00 AM **DOCUMENT # P98000053457 Secretary of State** 1. Entity Name WILLY'S SPORTS BAR, INC. Mailing Address Principal Place of Business 4426 W HALLANDALE BEACH BLVD 4426 W HALLANDALE BEACH BLVD PEMBROKE PARK, FL 33023 PEMBROKE PARK, FL 33023 CR2E034 (10/03) 01232005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0848133 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE RIZZUTI, WILLIAM 4426 W HALLANDALE BEACH BLVD PEMBROKE PARK, FL 33023 IN THIS SPACE . 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 reinstaling) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150,00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **PSD** TILE MARIE RIZZUTI, WILLIAM STREET ADDRESS 4426 W HALLANDALE BEACH BLVD CMY-ST-ZIP PEMBROKE PARK, FL 33023 TITLE U00000261707 03/14/05-80022-002 150.00 NAME STREET ADDRESS CITY-ST-ZIP mue NAME STREET ADDRESS DO NOT WRITE CITY-\$T-ZIP IN THIS SPACE mpe NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not quality 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 eath; 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:

GRATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-05

954-981-8806

Daytime Phone #

FILED