

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90016 001 ***150.00

DOCUMENT # S17969

1. Entity Name
BEEF O'BRADYS BLOOMINGDALE, INC.



Principal Place of Business Mailing Address
4330 BELL SHOALS 4330 BELL SHOALS
VALRICO, FL 33594 VALRICO, FL 33594

24037630



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03312004 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For
59-3042582 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MELLODY, JAMES
4330 BELL SHOALS
VALRICO, FL 33594

7. Name and Address of New Registered Agent
 Name Jeanette Melody
 Street Address (P.O. Box Number is Not Acceptable) 928 Hemmingway Circle
 City Tampa FL Zip Code 33602

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] DATE 4-5-04
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 9. Election Campaign Financing **\$5.00** May Be
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME DP MELLODY, JAMES STREET ADDRESS 4330 BELL SHOALS CITY-ST-ZIP VALRICO, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME Jeanette Melody DP STREET ADDRESS 928 Hemmingway Circle CITY-ST-ZIP Tampa, FL 33602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D SMITH, DAVID STREET ADDRESS 2611 RIDGESOR WAY CITY-ST-ZIP VALRICO, FL 33904	<input type="checkbox"/> Delete	TITLE NAME D DAVID D. SMITH STREET ADDRESS 2611 RIDGESOR WAY CITY-ST-ZIP VALRICO FL 33594	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D WARD, THOMAS STREET ADDRESS 504 S. BRYAN CIR. CITY-ST-ZIP BRANDON, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME JJ MASSARO D STREET ADDRESS 6119 KINGBIRD MANOR DR CITY-ST-ZIP LITHIA FL 33547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] Date 4-5-04 Daytime Phone # 8136854863
Signature and typed or printed name of signing officer or director