2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S17969

1. Entity Name

BEEF O'BRADYS BLOOMINGDALE, INC.



FILED Mar 17, 2008 08:00 AN Secretary of State

Principal Place of Business

4330 BELL SHOALS VALRICO, FL 33594 & Mailing Address

4330 BELL SHOALS VALRICO, FL 335946



DO NOT WRITE IN THIS SPACE

02062008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3042582

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MELLODY, JEANETTE 928 HEMMINGWAY CIR. TAMPA, FL 33602

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									
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000859431 04/02/08-80023-001	150.80			
10.	OFFICERS AND DIREC	TORS							
NAME STREET ADDRESS CITY-ST-ZIP	DP MELLODY, JEANETTE 928 HEMMINGWAY CIR. TAMPA, FL 33602								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, DAVID 2611 RIDGETOP WAY VALRICO, FL 33594								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASSARO, JJ 6119 KINGBIRD MANOR DR. LITHIA, FL 33547			. DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE				
TITLE NAME STREET ADDRESS CITY-SI-ZIP				•					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				· ·		:			

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 empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID SMITH SE

3-1-08

Oaytime Phone #