2004 FOR PROFIT CORPORATION ANNUAL REPORT

SECRETARY OF STATE **DOCUMENT # 432061** TALLAHASSEE, FLORIDA 1. Entity Name STRATFORD BAR AND RESTAURANT, CORP. 04 APR 15 PM 1: 44 Principal Place of Business Mailing Address 2910 HOLLYWOOD BLVD. 2910 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020-4208 HOLLYWOOD, FL 33020-4208 04152004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1498120 Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROPER, JR. GUY F. DO NOT WRITE 2910 HOLLYWOOD BLVD. HOLLYWOOD, FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE ROPER, GUY F. NAME 1447 HARDING STREET STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL NAME ROPER, GUY F 1447 HARDING ST STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

HATUSE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04

Daytime Phone #