2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 21, 2006 8:00 am Secretary of State **DOCUMENT # 432061** 03-21-2006 90033 022 ***158.75 1. Entity Name STRATFORD BAR AND RESTAURANT, CORP. Principal Place of Business Mailing Address 2910 HOLLYWOOD BLVD. 2910 HOLLYWOOD BLVD. HOLLYWOOD FL 33020-4208 HOLLYWOOD FL 33020-4208 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-1498120 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROPER, JR. GUY F. Street Address (P.O. Box Number is Not Acceptable) 2910 HOLLYWOOD BLVD. HOLLYWOOD FL City Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 Change TITLE 🖬 Delete TITLE Richard Sullivan 17200 S.W. 59+3 Ct. ROPER, GUY F. NAME NAME STREET ADDRESS STREET ADDRESS 1447 HARDING STREET CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Delete TITLE ☐ Change Addition fitt F NAME ROPER, GUY F NAME STREET ADDRESS STREET ADDRESS 1447 HARDING ST CITY-ST-ZiP CITY-ST-ZIP HOLLYWOOD FL THUE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. 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.

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

Delete

COP-E/CHINGSOFFICER OR DIRECTOR

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

FILED

7/06 9549200738

Change

☐ Addition