

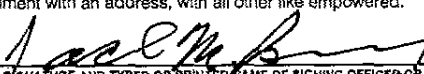


**FILED**

**Feb 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 454757</b>				<b>Feb 10, 2006 08:00 A</b> <b>Secretary of State</b>	
1. Entity Name <b>JACK'S OLD FASHION HAMBURGER HOUSE, INC.</b>					
Principal Place of Business <b>4201 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308</b>		Mailing Address <b>4201 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01182006 Chg-P CR2E034 (11/05)	
City & State		City & State		4. FEI Number <b>59-1644430</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BIRR, JAMES O. JR. 1650 NE 26TH ST SUITE 101 FORT LAUDERDALE, FL 33305</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BERRY, JACK M.</b>		NAME	<b>11111100428834</b>	
STREET ADDRESS	<b>5750 NE 20TH TERR</b>		STREET ADDRESS	<b>02/21/06-80067-016 150.00</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 333082429</b>		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GLUTH, JEFF</b>		NAME		
STREET ADDRESS	<b>80 SE 10TH ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>POMPANO BEACH, FL 33060</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
SIGNATURE: 		Date: <b>1/20/06</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Day/Time Phone #			