

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 457704**  
 1. Entity Name  
**STEVE'S RESTAURANT CORP.**



Principal Place of Business 12101 BISCAYNE BLVD N. MIAMI BEACH, FL 33181 US	Mailing Address 12101 BISCAYNE BLVD. N. MIAMI BEACH, FL 33181 US
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**DO NOT WRITE IN THIS SPACE**



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1569987	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALINSKY, ALLAN  
 12101 BISCAYNE BLVD  
 N. MIAMI BEACH, FL 33161

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VALINSKY, ALLEN 4200 SW 101ST AVE DAVIE, FL 33318
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP VALINSKY, JODI 4200 SW 101ST AVE DAVIE, FL 33318
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S VALINSKY, YASMIN 4200 SW 101ST AVE DAVIE, FL 33318
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T VALINSKY, JAY 4200 SW 101ST AVEN DAVIE, FL 33318
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 02/01/07-80028-004 150.00

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: Allen Valinsky 1/24/07 305-891-0202  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #