

**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



01242007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1569987

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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 PD  
NAME VALINSKY, ALLEN  
STREET ADDRESS 4200 SW 101ST AVE  
CITY - ST - ZIP DAVIE, FL 33318

TITLE VP  
NAME VALINSKY, JODI  
STREET ADDRESS 4200 SW 101ST AVE  
CITY - ST - ZIP DAVIE, FL 33318

TITLE S  
NAME VALINSKY, YASMIN  
STREET ADDRESS 4200 SW 101ST AVE  
CITY - ST - ZIP DAVIE, FL 33318

TITLE T  
NAME VALINSKY, JAY  
STREET ADDRESS 4200 SW 101ST AVEN  
CITY - ST - ZIP DAVIE, FL 33318

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000008873  
02/01/07-80028-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/07 305-891-0202