


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 459836**  
1. Entity Name  
**EVENING'S DELIGHT OF FT. LAUDERDALE, INC.**



Principal Place of Business  
**5149 N. W. 9TH AVENUE  
FT LAUDERDALE, FL 33309**

Mailing Address  
**9621 SO DIXIE HWY  
MIAMI, FL 33156**

**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1576126**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HITE, CATHERINE  
799 BRICKELL PLAZA  
SUITE 700  
MIAMI, FL 33131**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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	P ZISMAN, DAVID 7445 SW 140 DR. MIAMI, FL 33158
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ZISMAN, LAURA 8240 SW 91 STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ZISMAN, JONATHON 7735 SW 118 ST MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/21/06-80035-016 150.00

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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:** Laura Zisman **4/3/06** **305-666-3312**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #