

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90094 042 ***150.00

DOCUMENT # F03000005169 1. Entity Name PASSPORT RESTAURANTS, INC.					
Principal Place of Business 5950 HAZELTINE NATIONALDRIVE, #290 ORLANDO, FL 32822			Mailing Address 804 PIER VIEW WAY, STE 208 OCEANSIDE, CA 90054		
2. Principal Place of Business - No P.O. Box # 804 Pier View Way Suite, Apt. #, etc. Ste. 208 City & State Oceanside, Ca. Zip 92054		3. Mailing Address Suite, Apt. #, etc. City & State Zip 92054			
4. FEI Number 11-3698802		Chg-P CR2E034 (12/06)		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent REGISTERED AGENTS LEGAL SERVICES, INC. 155 OFFICE PLAZA DR. SUITE A TALLAHASSEE, FL 32301			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and sole if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, CHRISTOPHER R 5950 HAZELTINE NATIONALDRIVE, #290 ORLANDO, FL 32822	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P John Creed 804 Pier Way, Suite 208 Oceanside, CA 92054	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARBONE, STEVE 804 PIER VIEW WAY, STE 208 OCEANSIDE, CA 92054	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CREED, JOHN M 804 PIER VIEW WAY, #208 OCEANSIDE, CA 92054	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CULP, CYLDE 197 HIDDEN POINT ANNAPOLIS, MD 21401	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, CHRISTOPHER R 5950 HAZELTINE NATIONAL DRIVE, #290 ORLANDO, FL 32822	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 4-15-08 Daytime Phone: (760) 754-2722		