


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 31, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000001073 1. Entity Name ARK HOLLYWOOD/TAMPA CORP.	
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Principal Place of Business C/O ARK RESTAURANTS CORP. 85 FIFTH AVENUE NEW YORK, NY 10003	Mailing Address C/O ARK RESTAURANTS CORP. 85 FIFTH AVENUE NEW YORK, NY 10003
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DO NOT WRITE IN THIS SPACE



07102006 No Chg-P CR2E034 (11/05)

4. FEI Number 37-1478640	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEINSTEIN, MICHAEL 85 FIFTH AVENUE NEW YORK, NY 10003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD TOWERS, ROBERT 85 FIFTH AVENUE NEW YORK, NY 10003
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08/01/06-80006-010 550.00

**DO NOT WRITE
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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 officers and directors.

SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	ROBERT TOWERS <small>Typed Name</small>	7/1/06 <small>Date</small>	212-206-8800 <small>Daytime Phone</small>
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