

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 SEP 20 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09142007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # F96000001561</b> 1. Entity Name <b>NATH RESTAURANTS, INC.</b>					
Principal Place of Business <b>900 AMERICAN BLVD. E #300 BLOOMINGTON, MN 55420</b>			Mailing Address <b>900 AMERICAN BLVD. E #300 BLOOMINGTON, MN 55420</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>41-1802370</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>KARAFI, MARK 1107 N PONCE DE LEON BLVD BURGER KING #6122 SAINT AUGUSTINE, FL 32084</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>Asha Nath</b> Street Address (P.O. Box Number is Not Acceptable) <b>17875 Collins Avenue #3106</b> City <b>Sunny Isles Beach FL</b> Zip Code <b>33160</b>		
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 <u><b>Asha Nath</b></u> DATE <b>9/14/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCT NATH, MAHENDRA 900 AMERICAN BLVD. E. #300 MINNEAPOLIS, MN 554201392		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100109772531</b> <b>09/21/07--01062--015 **150.00</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V NATH, ASHA 900 AMERICAN BLVD., E#300 MINNEAPOLIS, MN 554201392		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><b>Asha Nath</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>9/14/07</b> Daytime Phone # <b>952-831-1400</b>		

9/25/07