2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006148

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

4744 NORTH DALE MABRY HWY

() Delete

TAMPA, FL 33614

FILED Apr 25, 2007 Secretary of State

Entity Nai	me: SAM SE	ELTZER'S STEAK HOUSE	S OF AMERICA, IN	C.		
Current Principal Place of Business:			Nev	New Principal Place of Business:		
4744 N. D. TAMPA, F	ALE MABRY L 33614					
Current M	lailing Addro	ess:	Nev	New Mailing Address:		
4744 N. D. TAMPA, F	ALE MABRY L 33614					
FEI Number: 59-3391125 FEI Number Applied Fo		FEI Number Applied For () FEI Number i	Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
PIPER RU 101 E KEN TAMPA, F The above	/, RONALD I DNICK, LLP INEDY, #200 L 33602 US named entity e of Florida.	0	the purpose of cha	nging its regis	stered office or registered agent, or both	٦,
SIGNATU	RE:					_
Electronic Signature of Registered Agent				Date		
Election Car	npaign Financi	ng Trust Fund Contribution (
OFFICERS AND DIRECTORS:			ADI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	SELTZER, M 10101 COLLI)Delete ICHAEL NS AVE PH 1F R, FL 331541648	Title: Nam Addr City-	e: SELTZ ess: 10101	(X) Change () Addition ZER, MICHAEL COLLINS AVE PH 1F ARBOR, FL 331541648	
Title: Name: Address: City-St-Zip:	BLOOM, HYN	DALE MABRY HWY	Title: Nam Addr City-	e: BLOO! ess: 4770 k	(X) Change()Addition M, HYMAN KENT AVE SUITE 100 REAL, QC H3W 1H2 CA	
Title: Name:	S () Delete CRICHARD	Title: Nam		(X) Change()Addition OVSKY, RICHARD	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above or an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

AS

COX, KEN

TAMPA, FL 33614

4770 KENT AVE SUITE 214

4744 N DALE MABRY HWY

MONTREAL, QC H3W 1H2 CA

() Change (X) Addition

SIGNATURE: KEN COX AS 04/25/2007