## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE:

## Apr 30, 2007 8:00 am Secretary of State 04-11-2007 90032 023 \*\*\*150.00 DOCUMENT # H00823 1. Entity Name BOULEVARD SUBS, INC. Principal Place of Business Mailing Address 66011940 1100 EAST OAKLAND PARK BLVD. 1100 EAST OAKLAND PARK BLVD. OAKLAND PARK, FL 33334 OAKLAND PARK, FL 33334 CR2E034 (11/05) 03062007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2420358 Not Applicable \$8.75 Additional 5. Certificate of Status Desired ALTERNATION OF THE PARTY OF THE Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FRASCA, MARCO 1100 EAST OAKLAND PARK BLVD. OAKLAND PARK, FL 33334 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature. 1, ... Jor printed name of registered agent and site if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. THEF NAME FRASCA, MARCO STREET ADDRESS 1100 E. OAKLAND PK.BLVD. OAKLAND PARK, FL 33334 CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this tiling 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.

**FILED** 

4/11/2007-90032-023-\$150.00-\$150.00

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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statures. 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 logal effect as if made under eath; 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

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

ATTACHMENT
66011940
HH00823

4/27/07

Please accept this new form. It is signed in the correct area. The previous form was actually sign in the wrong place. Included is the corrected form and the form that was sent back to mex.

Thank you, Laura Franca