2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H73475

Title:

Name:

Address:

City-St-Zip:

Entity Name: TAMPA STEAK, INC.

FILED Feb 03, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1720 W. COLUMBUS DRIVE TAMPA, FL 336072030				1720 W. COLUMBUS DR. TAMPA, FL 336072030		
Current Mailing Address:			New Mailing Address:			
1720 W. COLUMBUS DRIVE TAMPA, FL 336072030		1720 W. COLUMBUS DR. TAMPA, FL 336072030				
FEI Number:	59-1437687	FEI Number Applied For ()	FEI Number Not Appl	cable () Certif	icate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and	Name and Address of New Registered Agent:			
2701 N. HI STE 101	GUAS, ANTON MES AVE. . 33607 US	IIO				
The above	named entity su	hmita thia atatamant far tha nu				
in the State		omits this statement for the pu	rpose of changing i	s registered office o	r registered agent, or both,	
	of Florida. E:			s registered office o		
in the State	of Florida. E:Electronic	Signature of Registered Agen		s registered oπice o	r registered agent, or both, Date	
in the State SIGNATUR Election Cam	of Florida. E:Electronic	Signature of Registered Agen	t			
in the State SIGNATUR Election Cam	of Florida. E: Electronic paign Financing	Signature of Registered Agen Frust Fund Contribution (). ORS: Delete REN A., VARAS	t	S/CHANGES TO O	Date	
in the State SIGNATUR Election Cam OFFICERS Title: Name: Address:	of Florida. Electronic paign Financing AND DIRECT DP () E GONZALEZ, KAR 8307 PAT BLVD TAMPA, FL 3361	Signature of Registered Agen Frust Fund Contribution (). ORS: Delete REN A., VARAS 51810 Delete DILA, CIRCLE	t ADDITION Title: Name: Address:	S/CHANGES TO OI	Date FFICERS AND DIRECTORS:	

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 on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: HUMBERTO GONZALEZ III DVP 02/03/2009

(X) Delete

8307 PAT BLVD.

TAMPA, FL 33615

FERNANDEZ, LAURA F, . GONZALEZ

() Change () Addition