## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2006 8:00 am Secretary of State

DOCUMENT # J50159  1. Entity Name TIFFANY FAMILY RESTAURANT, INC.						05-01-2006 9	90455 048	8 ***150.	00
Principal Place of Business  2828 S. MCCALL ROAD #1  ENGLEWOOD, FL 34224  Mailing Address  170 W DEARBORN ST  ENGLEWOOD, FL 34223 US				5		1111 <b>BE</b> 1 <b>81</b> 11 <b>1881 S</b> 411 <b>8</b> LB1	n BrBis 6464 BsBis	MINISTER SIN	1981 21 1881
2. Principal P	face of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062006	Chg-P	CR2E03	34 (11/05)		
City & State		City & State		4. FEI Number 59-27612	258		<del></del>	plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of	Status Desired		8.75 Add ee Required	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	Registered A	gent	· ·
DUNKIN, DAVID A. 170 W DEARBORN				Name Street Address (P.O. Box Number is Not Acceptable)					
ENGLEWOOD, FL 34223					·				
				City			FL	Zip Code	9
	named entity submits this statement folions of registered agent.	or the purpose of changing its	registere	ed office or registe	ered agent, or both,	in the State of Flo	orida. I am fa	amiliar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	d Agent signature require	ed when reinstating)		DATE		
FILE NOWIII FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.  Trust Fund Contribution.									
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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 like empowered.

SIGNATURE: \_

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

4-26-06 941-475-2040