2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # J75555

1. Entity Name

CHEZ PORKYS RESTAURANTS, INC.



Principal Place of Business

105 S.W. 6TH STREET POMPANO BEACH, FL 33060 Mailing Address

105 S.W. 6TH STREET POMPANO BEACH, FL 33060

FILED Jan 31, 2007 08:00 AM Secretary of State



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01242007 No Cha-P CR2E034 (11/05)

4. FEI Number 59-2799850 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOUGLAS, THOMAS 105 S.W. 6TH STREET POMPANO BEACH, FL 33060

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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.	

(NOTE Registered Agent signature required when reinstating)

SIGNATURE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

Signature, typed or printed name of registered agent and title if applicable.

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS TITLE NAME DOUGLAS, THOMAS STREET ADDRESS 1424 NE 54TH STREET City-St-ZIP FORT LAUDERDALE, FL TITLE NAME DZIAMALEK, DAREK STREET ADDRESS 1695 N.W. 41ST STREET OAKLAND PARK, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

000000611698 02/02/07-80073-021 150.00

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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 air other like empowered.

SIGNATURE:

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

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