

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # J77143

1. Entity Name  
PLAZA INTERNATIONAL RESTAURANT, INC.



Principal Place of Business  
405 E. STRAWBRIDGE AVE.  
MELBOURNE, FL 32901

Mailing Address  
405 E. STRAWBRIDGE AVE.  
MELBOURNE, FL 32901



04272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2862469

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

WHITE, JAMES C. II  
405 E. STRAWBRIDGE AVE.  
MELBOURNE, FL 32901

**DO NOT WRITE  
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 familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	FOLEY, DEBORAH A
STREET ADDRESS	405 E. STRAWBRIDGE AVE.
CITY - ST - ZIP	MELBOURNE, FL 32901
TITLE	D
NAME	WHITE, DAVID F.
STREET ADDRESS	405 E. STRAWBRIDGE AVE.
CITY - ST - ZIP	MELBOURNE, FL 32901
TITLE	D
NAME	BLACKMAN, MICHAEL
STREET ADDRESS	405 E. STRAWBRIDGE AVE.
CITY - ST - ZIP	MELBOURNE, FL 32901
TITLE	P
NAME	WHITE, JAMES C II
STREET ADDRESS	405 E. STRAWBRIDGE AVE.
CITY - ST - ZIP	MELBOURNE, FL 32901
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000558177  
05/17/06-80126-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06

Date

321-852-6457

Daytime Phone #