

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K12334

1. Entity Name
PLAZA DINER, INC.



FILED
Mar 16, 2007 08:00 A
Secretary of State

Principal Place of Business
% ANNA M. GEORGIADIS
3118 S UNIVERSITY DR.
MIRAMAR, FL 33025

Mailing Address
% ANNA M. GEORGIADIS
3118 S UNIVERSITY DR.
MIRAMAR, FL 33025



02262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0037625

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GEORGIADIS, ANNA M. G.
1701 SW 96TH TERRACE
MIRAMAR, FL 33025

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000669372
03/27/07-80068-016 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GEORGIADIS, ANNA M.
STREET ADDRESS 1701 SW 95TH TERR
CITY-ST-ZIP MIRAMAR, FL

TITLE VSD
NAME GEORGIADIS, GEORGE
STREET ADDRESS 1701 SW 96TH TERR
CITY-ST-ZIP MIRAMAR, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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

Date

Daytime Phone #