


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # K12334 1. Entity Name PLAZA DINER, INC.	
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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
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DO NOT WRITE IN THIS SPACE

02122008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0037625	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GEORGIADIS, ANNA M. 1701 SW 95TH TERR MIRAMAR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD GEORGIADIS, GEORGE 1701 SW 96TH TERR MIRAMAR, FL
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04/01/08-80038-018-150.00

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: George Georgiadi George Georgiadi 311-8 954-435-2265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #