2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # K25497

1. Entity Name
AUNT I WEST INDIAN RESTAURANT, INC.

Principal Place of Business	Mailing Address
19934 NW 2ND AVE MIAMI, FL 33169	19934 NW 2ND AVE MIAMI, FL 33169

01302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2840388
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GRANT, INEZ
19934 NW 2ND AVE
MIAMI, FL 33169

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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

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U00000031252
02/04704-80143-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRANT, INEZ
STREET ADDRESS	15837 WAVERLY MANOR
CITY-ST-ZIP	DAVIE, FL 33331
TITLE	V
NAME	GRANT, JR., WINSTON
STREET ADDRESS	15837 WAVERLY MANOR
CITY-ST-ZIP	DAVIE, FL 33331
TITLE	T
NAME	CARTWRIGHT, MARCIA
STREET ADDRESS	17407 N.W. 8 STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	S
NAME	GRANT, CARY
STREET ADDRESS	4243 N.W. 99 TERRACE
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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: _____ 1-30-04 (305)654-9638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #