

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # K25697**

1. Entity Name  
**BURGER MART, INC.**



Principal Place of Business

**9990 S.W. 77TH AVE.  
PENTHOUSE #8  
MIAMI, FL 33156 US**

Mailing Address

**9990 S.W. 77TH AVE.  
PENTHOUSE #8  
MIAMI, FL 33156 US**



04062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0069189**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**BURGER, SANDRA  
9990 SW 77TH AVE  
PH 8  
MIAMI, FL 33156**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000325388  
04/23/05-80015-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BURGER, SANDRA
STREET ADDRESS	9990 SW 77TH AVE PH #8
CITY-ST-ZIP	MIAMI, FL
TITLE	PTS
NAME	BURGER, SANDRA
STREET ADDRESS	9990 SW 77TH AVE PH #8
CITY-ST-ZIP	MIAMI, FL
TITLE	V
NAME	BURGER, ANDREW
STREET ADDRESS	9990 SW 77 AVE, PH 8
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	V
NAME	GREENBERG BURGER, SUSAN
STREET ADDRESS	9990 SW 77 AVE. PH8
CITY-ST-ZIP	MIAMI, FL 33156
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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**S. BURGER 4/15/05 305-271-5751**