


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90408 009 ***150.00

DOCUMENT # K54636			
1. Entity Name BURGER MART TWO, INC.			
Principal Place of Business 9990 S.W. 77TH AVE. PENTHOUSE #8 12 MIAMI, FL 33156 US		Mailing Address 9990 S.W. 77TH AVE. PENTHOUSE #8 12 MIAMI, FL 33156 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. PENTHOUSE # 12		Suite, Apt. #, etc. PENTHOUSE # 12	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0105904		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BURGER, SANDRA 9990 SOUTHWEST 77TH AVENUE #8 12 MIAMI, FL		Name Street Address (P.O. Box Number is Not Acceptable) PENTHOUSE # 12 City FL Zip Code	
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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	T	TITLE	
NAME	BURGER, SANDRA	NAME	
STREET ADDRESS	9990 SW 77TH AVE PH #8	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	
TITLE	PSD	TITLE	
NAME	BURGER, SANDRA	NAME	
STREET ADDRESS	9990 SW 77TH AVE PH #8	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	BURGER, ANDREW	NAME	
STREET ADDRESS	9990 S.W. 77 AVE, PH8	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33156	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	BURGER GREENBURG, SUSAN	NAME	
STREET ADDRESS	9990 SW 77TH AVE PH #8	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33156	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: _____		4/13/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	