2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K54636

1. Entity Name

BURGER MART TWO, INC.



FILED Apr 18, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

9990 S.W. 77TH AVE. PENTHOUSE #12 MIAMI, FL 33156 U 9990 S.W. 77TH AVE. PENTHOUSE #12 MIAMI, FL 33156 U



DO NOT WRITE IN THIS SPACE

04012008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0105904

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 SOUTHWEST 77TH AVENUE PENTHOUSE #12 MIAMI, FL

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, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 Ma Trust Fund Contribution. Added to Fe		\$5.00 May Be Added to Fees	000000907033 05/05/08-80022-006 150.00	
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	T BURGER, SANDRA 9990 SW 77TH AVE PH #8 MIAMI, FL PSD BURGER, SANDRA 9990 SW 77TH AVE PH #8 MIAMI, FL VP BURGER, ANDREW					
STREET ADDRESS	9990 S.W. 77 AVE, PH8			DO NOT WRITE		
CITY-ST-ZIP	MIAMI, FL 33156		I	DO	INCI WINIL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURGER GREENBURG, SUSAN 9990 SW 77TH AVE PH #8 MIAMI, FL 33156		IN THIS SPACE			
TITLE NAME STREET ADDRESS 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: <

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 7 5 -

Daytime Phone ≥