

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # K77832**  
 1. Entity Name  
**BURGER MART THREE, INC.**



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

<i>Principal Place of Business</i> 9990 S.W. 77TH AVE. PENTHOUSE #8 MIAMI, FL 33156 US	<i>Mailing Address</i> 9990 S.W. 77TH AVE. PENTHOUSE #8 MIAMI, FL 33156 US
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04062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0113703	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable.

**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

UN00000325385  
 04/23/05 00015 001 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BURGER, SANDRA 9990 SW 77TH AVE PH#8 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURGER, SANDRA 9990 SW 77TH AVE PH#8 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURGER, ANDREW 9990 SW 77 AVE., PH8 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURGER GREENBERG, SUSUÁN 9990 SW 77 AVE., PH8 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:** S. BURGER 4/15/05 305-271-5757  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #