## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # K77832**

1. Entity Name

BURGER MART THREE, INC.



FILED Apr 21, 2008 08:00 All Secretary of State

Principal Place of Business

9990 S.W. 77TH AVE. PENTHOUSE #12

MIAMI, FL 33156

Mailing Address

9990 S.W. 77TH AVE. PENTHOUSE #12 MIAM!. FL 33156 U



	NOT WRITE IN THIS	SPACE
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04012008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0113703 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 12 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 egent and title if applicable (NOTE, Registered Agent signature required when reinstating)  DATE								
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fin- Trust Fund Contribution		\$5.00 May Be Added to Fees	<u>"</u> <u>U</u> QQQQQ911864			
10.	OFFICERS AND DIREC	TORS			<u> </u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BURGER, SANDRA 9990 SW 77TH AVE PH#8 MIAMI, FL							
TITLE NAME STREET ADDRESS CITY-S1-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			DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURGER GREENBERG, SUSUAN 9990 SW 77 AVE., PH8 MIAMI, FL 33156			IN '	THIS SPACE			
TITLE NAME STREET ADDRESS								

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.

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/08

Daytime Phone #