2006 FOR PROFIT CORPORATION FILED ANNUAL REPORT Mar 22, 2006 08:00 A DOCUMENT#L29615 **Secretary of State** 1. Entity Name 1601 RESTAURANT, INC. Principal Place of Business Mailing Address 1601 EAST ATLANTIC BOULEVARD 1601 EAST ATLANTIC BOULEVARD POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33060 03172006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0166921 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GENTILE, JOHN DO NOT WRITE 1601 EAST ATLANTIC BLVD. POMPANO BEACH, FL 33060 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 aignature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 13 \$150.00 U00000476927 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00

04/06/06-80030-023 150.00

| 10. | OFFICERS AND DIRECTORS |
|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| TITLE NAME | VST SILVERMAN, MICHELE |
| STREET ADDRESS CITY-ST-ZIP | 28 THUNDER RD HOLBROOK, NY 11741 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GENTLE, CIRO 9633 VIA EMILIE BOCA RATON, FL 33428 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exe | |

DO NOT WRITE IN THIS SPACE

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. emptions contained in Chapter 119, Florida Statutes. I further certify that the information

SIGNATURE

NTED NAME OF SIGNING OFFICER OR DIRECTOR