

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L53442

FILED  
Mar 30, 2011  
Secretary of State

**Entity Name:** HOOTERS OF DORAL, INC.

**Current Principal Place of Business:**

8695 NW 13TH TERRACE  
MIAMI, FL 33126 US

**New Principal Place of Business:**

**Current Mailing Address:**

4411 CLEVELAND AVE  
FT MYERS, FL 33901 US

**New Mailing Address:**

**FEI Number:** 59-3009963

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SIMEONE, RICHARD J  
4411 CLEVELAND AVENUE  
FT MYERS, FL 33901 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DCEO  
Name: LAGESCHULTE, DAVID L.  
Address: 4411 CLEVELAND AVE  
City-St-Zip: FT MYERS, FL 33901

Title: DTS  
Name: LYNCH, PAUL W.  
Address: 4411 CLEVELAND AVE  
City-St-Zip: FT MYERS, FL 33901

Title: DP  
Name: BRAWNER, TERRY K.  
Address: 4411 CLEVELAND AVE  
City-St-Zip: FT MYERS, FL 33901

Title: D  
Name: REGNIER, DALE  
Address: 4411 CLEVELAND AVE  
City-St-Zip: FT MYERS, FL 33901

Title: D  
Name: KLINGENSMITH, KIT A.  
Address: 4411 CLEVELAND AVE  
City-St-Zip: FT MYERS, FL 33901

Title: VP  
Name: LYNCH, PAUL W.  
Address: 4411 CLEVELAND AVE  
City-St-Zip: FT MYERS, FL 33901

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL LYNCH

VP

03/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date