


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M05910</b> 1. Entity Name <b>DUFFY'S TAVERN &amp; SPORTS GRILL, INC.</b>	
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Principal Place of Business <b>2108 RED ROAD MIAMI, FL 33155</b>	Mailing Address <b>2108 RED ROAD MIAMI, FL 33155</b>
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01212004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2451249</b>	Applied For <input type="checkbox"/> 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  <b>RUSSELL, WAYNE F. 2108 RED ROAD MIAMI, FL 33155</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RUSSELL, WAYNE F. 2108 SW 57TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FABBRICATORE, ROSEMARY 2108 SW 57TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FABBROCATORE, JAMES 2108 SW 57TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RUSSELL, DEBRA A. 2108 SW 57TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>UN00000024211 02/02/04-80056-019 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Wayne F. Russell 1/28/04 (305) 264-6520  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #