

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 03, 2004 08:00 AM
Secretary of State**

DOCUMENT # M23613 1. Entity Name FLORIDA RESTAURANT DEVELOPMENT CORPORATION	
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Principal Place of Business 3 GROVE ISLE DR 505 COCONUT GROVE, FL 33133	Mailing Address 3 GROVE ISLE DR 505 COCONUT GROVE, FL 33133
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02032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2610103	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FEINSWOG, BENJAMIN S 3 GROVE ISLE DRIVE #505 COCONUT GROVE, FL 33133
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**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 agent and title if Applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

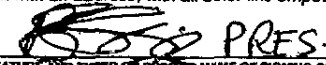
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FEINSWOG, BENJAMIN S. 3 GROVE ISLE DR #505 COCONUT GROVE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8D MALVINA, FEINSWOG S 3 GROVE ISLE DR #505 COCONUT GROVE, FL
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05/05/04-80032-015 150.00

**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:  PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04 305-860-1102
Date Daytime Phone #

BENJAMIN S. FEINSWOG