2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 19, 2004 8:00 am Secretary of State DOCUMENT # M43542 1. Entity Name 04-19-2004 90345 049 ***150.00 THE BURGER GROUP, INC. Principal Place of Business Mailing Address 9990 SW 77 AVE 9990 SW 77 AVE PH 8 PH 8 **MIAMI FL 33156 MIAMI FL 33156** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2756640 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BURGER, S Street Address (P.O. Box Number is Not Acceptable) 9990 SW **797H** AVENUE PH 8 77 PH 8 MIAMI FL 33131-33156 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DC TITLE TITLE Addition ☐ Delete Change Vice President BURGER, ALVIN NAME NAME Andrew Burger 9990 SW 77 AVE PH 8 STREET ADDRESS STREET ADDRESS 9990 SW 77 Ave.PH 8 MIAMI FL CITY-ST-ZIP CITY-ST-ZIP Miami,FL 33156 TITLE ☐ Delete TITLE Addition Change Vice President BURGER, SANDRA NAME NAME Susan Burger Greenberg 9990 SW 77 AVE PH 8 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 9990 SW 77 Ave PH8 CITY-ST-ZIP Miami, FL 33156 ☐ Delete TITLE ☐ Change ☐ Addition NAME BURGER, SANDRA ----NAME STREET ADDRESS 9990 SW 77 AVE PH 8 STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED