


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # M43542 1. Entity Name THE BURGER GROUP, INC.	
---	---

Principal Place of Business 9990 SW 77 AVE PH 8 MIAMI, FL 33156	Mailing Address 9990 SW 77 AVE PH 8 MIAMI, FL 33156
---	---



04062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2756640	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BURGER, S 9990 SW 77TH AVENUE PH 8 MIAMI, FL 33156

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

000000325390
04/23/05-80015-004 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC BURGER, ALVIN 9990 SW 77 AVE PH 8 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT BURGER, SANDRA 9990 SW 77 AVE PH 8 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BURGER, SANDRA 9990 SW 77 AVE PH 8 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BURGER, ANDREW 9990 SW 77 AVE PH 8 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BURGER GREENBERG, SUSAN 9990 SW 77 AVE PH 8 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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: S. BURGER 4/15/05 305-271-5757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #