



FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90169 022 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P0000009227			
1. Entity Name KEBAB USA, INC			
Principal Place of Business 5950 HAZE HIRE NATIONAL DR STE 290 ORLANDO, FL 32822		Mailing Address 20 N ORANGE AVE STE 407 ORLANDO, FL 32801	
2. Principal Place of Business 5950 HAZELTINE Actions Dr		3. Mailing Address	
Suite, Apt. #, etc STE 290		Suite, Apt. #, etc Suite 600	
City & State ORLANDO, FL		City & State	
4. FEI Number 59-3622114	Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HENDRY, STONER, DELANCETT & BROWN, PA 20 N. ORANGE AVENUE SUITE 600 ORLANDO, FL 32801		7. Name and Address of New Registered Agent	
Name		Street Address (P O Box Number Is Not Acceptable)	
City		Zip Code FL	
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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete NAME SCHMIDT, MANFRED STREET ADDRESS 5950 HAZE HIRE NATIONAL DR STE 290 CITY-ST-ZIP ORLANDO, FL 32822	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> Delete NAME FISCHER, DR WERNER STREET ADDRESS 5950 HAZE HIRE NATIONAL DR STE 290 CITY-ST-ZIP ORLANDO, FL 32822	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> Delete NAME MEUSER, ARND STREET ADDRESS 5950 HAZE HIRE NATIONAL DR STE 290 CITY-ST-ZIP ORLANDO, FL 32822	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> Delete NAME CZEKELIUS, ROLAND STREET ADDRESS 36 CORDAGE PARK CIR, STE 301 CITY-ST-ZIP PLYMOUTH, MA 02360	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> Delete NAME WARD, MICHAEL STREET ADDRESS 36 CORDAGE PARK CIR, STE 301 CITY-ST-ZIP PLYMOUTH, MA 02360	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date 04-05-05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

20055574



01122005 Chg-P CR2E034 (10/03)