

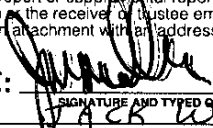


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90234 039 \*\*\*150.00

<b>DOCUMENT # P00000010643</b> 1. Entity Name <b>ALAFAYA ALE HOUSEAND RAW BAR, INC.</b>					
Principal Place of Business <b>641 N ALAFAYA TRAIL ORLANDO, FL 32828</b>			Mailing Address <b>612 N. ORANGE AVE., STE. C-6 JUPITER, FL 33458</b>		
2. Principal Place of Business <b>612 N. Orange Ave.</b> Suite, Apt. #, etc. <b>Suite C-6</b>		3. Mailing Address Suite, Apt. #, etc.  			
City & State <b>Jupiter Florida</b>		City & State  		4. FEI Number <b>65-0981748</b>	
Zip <b>33458</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MILLER, JACK W 612 N. ORANGE AVE., STE. C-6 JUPITER, FL 33458</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		DATE _____	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, JACK W 612 N. ORANGE AVE., STE. C-6 JUPITER, FL 33458	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOLDEN, RAY 612 NORTH ORANGE AVE., STE C-6 JUPITER, FL 33458	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PATTERSON, THOM 612 NORTH ORANGE AVE., STE C-6 JUPITER, FL 33458	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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, 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.					
<b>SIGNATURE:</b> 		4/21/05 561-743-2299			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>JACK W. MILLER</b>		Date Daytime Phone #			