


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90284 006 \*\*\*150.00

<b>DOCUMENT # P00000106015</b> 1. Entity Name <b>CHEEBURGER CHEEBURGER OF DELRAY BEACH, INC.</b>			
Principal Place of Business <b>450 E. ATLANTIC AVE DELRAY BEACH, FL 33483</b>		Mailing Address <b>224 DATURA ST. WEST PALM BEACH, FL 33401</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>315 DYER RD</b>	
City & State <b>W. Palm Bch FL</b>		4. FEI Number <b>65-1053058</b>	
Zip <b>33405</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>DARROW, PAUL 224 DATURA ST. WEST PALM BEACH, FL 33401</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>315 DYER ROAD</b> City <b>W. Palm Bch</b> <b>FL</b> Zip Code <b>33405</b>	
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 _____			
<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</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D DARROW, PAUL 224 DATURA ST. WEST PALM BEACH, FL 33401</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>315 DYER ROAD W. Palm Bch, FL 33405</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 <b>4/11/05</b> Daytime Phone # <b>(561) 366 9266</b>	