


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000107737	
1. Entity Name MIKE'S HITCHING POST RESTAURANT, INC.	

Principal Place of Business 1420 BISCAYA DR. SURFSIDE, FL 33154	Mailing Address 1420 BISCAYA DR. SURFSIDE, FL 33154
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DO NOT WRITE IN THIS SPACE



01242004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1057004	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

GARVETT, FREDRIC
1110 BRICKELL AVENUE PH-1
MIAMI, FL 33131

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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** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE D	NAME IZHAK, YORAM
STREET ADDRESS 1110 BRICKELL AVENUE PH-1	CITY-ST-ZIP MIAMI, FL 33131
TITLE D	NAME CABRERIZ, TOM
STREET ADDRESS 1540 BICAYA DR.	CITY-ST-ZIP SURFSIDE, FL 33154
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP

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02/02/04-80034-022 150.00

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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: Yoram Izhak. (D) 1/26/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #