

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90267 045 ***150.00

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01162006 Chg-P CR2E034 (11/05)

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		
2. Principal Place of Business 696 NE 125 ST.		3. Mailing Address 696 NE 125 ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State NORTH MIAMI, FL		City & State NORTH MIAMI, FL		4. FEI Number 65-1057004	
Zip 33161-5546		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33161-5546		Country USA		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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete IZHAK, YORAM 1110 BRICKELL AVENUE PH-1 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CABRERIZ, TOM 1540 BICAYA DR. SURFSIDE, FL 33154		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	
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	
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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 1/16/06 Daytime Phone #		