

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED

04 AUG 17 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01/28/03 01061 011 \$150.00  
01/28/03 01061 011 \$150.00

08092004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-1108657  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

STEWART, DELORES  
1224 NW 16TH CT  
FT LAUDERDALE, FL 33311

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS - 01**

TITLE	D
NAME	STEWART, DELORES
STREET ADDRESS	1224 NW 16TH CT
CITY-ST-ZIP	FT LAUDERDALE, FL 33311
TITLE	D
NAME	STEWART, BRONLEY
STREET ADDRESS	1224 NW 16TH CT
CITY-ST-ZIP	FT LAUDERDALE, FL 33311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-10-04/934-822-1661  
Date Daytime Phone #

2 of 2

FILED

Florida Department of State  
Secretary of State  
Glenda E. Hood  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

04 AUG 17 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 12, 2004

RE: P01000040355  
Bahamian Reef take-out Restaurant

To Whom It May Concern:

This letter is in regards to Bahamian Reef take-out Restaurant's 2004 annual report notification.

I have enclosed a copy of two checks that were valued at \$150.00 each. The first one was paid on December 6, 2002 and the other on December 26, 2002. Concerning the fiscal years of 2003 and 2004, I would like to inform you that I did not receive an annual report notice until this one arrived. An error was made by Mr. Taylor and Mr. Wolf, my accountants, who ordered me to pay twice in December of 2002. Reason being was because the Department of State claimed that the first payment of \$150.00 was not received. After I receive the returned check notice, I called you and informed you that I've paid twice that year and I decided to let it remain on the account for the year of 2004.

Thank you for looking into this matter.

Sincerely,



Delores Stewart  
Owner-Bahamian Reef

P.S. I have attached the transaction at that time.