


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90019 027 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P01000043014</b>                                     |  |
| 1. Entity Name<br><b>CHEEBURGER CHEEBURGER OF BOCA RATON, INC.</b> |   |

|  |   |
|--|---|
| Principal Place of Business<br><b>200 S. FEDERAL HWY<br/>BOCA RATON, FL 33432 US</b> | Mailing Address<br><b>819 LAKE AVENUE<br/>LAKE WORTH, FL 33460 US</b> |
|--|---|

44023724

|  |   |
|--|---|
| 2. Principal Place of Business<br><b>200 S. Federal HWY</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>224 Datura ST</b><br>Suite, Apt. #, etc. |
|--|---|

03182004 Chg-P CR2E034 (10/03)

|                                       |  |                                    |  |
|---------------------------------------|--|------------------------------------|--|
| City & State<br><b>Boca Raton, FL</b> | City & State<br><b>West Palm Beach, FL</b> | 4. FEI Number<br><b>65-1100502</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br><b>33432</b>                   | Country<br><b>USA</b>                      | Zip<br><b>33401</b>                | Country<br><b>USA</b>                                  |

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>DARROW, PAUL<br/>819 LAKE AVENUE<br/>LAKE WORTH, FL 33460</b> |  |
|---|--|

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|--|--|
| 7. Name and Address of New Registered Agent<br>Name<br><b>Paul Darrow</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>224 Datura ST</b><br>City<br><b>West Palm Beach</b> <b>FL</b> Zip Code<br><b>33401</b> |  |
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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 reissuing) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PVST<br/>DARROW, PAUL<br/>819 LAKE AVENUE<br/>LAKE WORTH, FL 33460</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>PVST<br/>Darrow, Paul<br/>224 Datura ST<br/>West Palm Beach, FL 33401</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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:  **P. Darrow, Jr**  **954-448-0145**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #