

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000062615

FILED
Apr 13, 2005
Secretary of State

Entity Name: BROTMAN RESTAURANTS, INC.

Current Principal Place of Business:

443 RIVER ISLE CT.
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

443 RIVER ISLE CT.
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-3729244

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEATHERFORD, WILLIAM JR
1150 LOUISIANA AVE, SUITE 4
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

BROTMAN, LESTER M
443 RIVER ISLE CT.
LONGWOOD, FL 32779 US

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.

SIGNATURE: LESTER M. BROTMAN

04/13/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: BROTMAN, RONALD J
Address: 443 RIVER ISLE CT.
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: BROTMAN, LESTER M
Address: 443 RIVER ISLE CT.
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESTER M. BROTMAN

D

04/13/2005

Electronic Signature of Signing Officer or Director

Date