


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000070851
 1. Entity Name
DUTCH POT JAMAICAN RESTAURANT, INC.



Principal Place of Business
 111 N STATE RD 7
 PLANTATION, FL 33317

Mailing Address
 111 N STATE RD 7
 PLANTATION, FL 33317

DO NOT WRITE IN THIS SPACE



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1118030 Applied For
 Not Applicable


5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MARSHALL, CHERRY
 111 N STATE RD 7
 PLANTATION, FL 33317

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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: **04/27/06**

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARSHALL, CHERRY
STREET ADDRESS	7331 NW 49 COURT
CITY-ST-ZIP	LAUDERHILL, FL 33317
TITLE	V
NAME	GREGORY, MELONY
STREET ADDRESS	3292 NW 15TH ST
CITY-ST-ZIP	FT LAUDERDALE, FL 33311
TITLE	T
NAME	GREGORY, MICHAEL
STREET ADDRESS	3292 NW 15TH ST
CITY-ST-ZIP	FT LAUDERDALE, FL 33311
TITLE	S
NAME	MARSHALL, ORAL
STREET ADDRESS	7331 NW 49 COURT
CITY-ST-ZIP	LAUDERHILL, FL 33317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/15/06-80005-013 150.00

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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: **04/27/06**

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