

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
May 03, 2004 8:00 am  
Secretary of State

05-03-2004 91022 007 \*\*\*150.00

|                                |  |
|--------------------------------|--|
| DOCUMENT # <i>P01000087047</i> |  |
| 1. Entity Name                 |  |
| BAHAMIAN DINER                 |  |

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94081796

|  |         |  |                           |
|--|---------|--|---------------------------|
| 2. Principal Place of Business<br>1010 S 56TH AVE<br>Suite, Apt. #, etc. |         | 3. Mailing Address<br><i>1010 S 56 Ave.</i><br>Suite, Apt. #, etc. |                           |
| City & State<br>HOLLYWOOD, FL  |         | City & State<br><i>Hollywood FL</i>                                |                           |
| Zip<br>33023   | Country | Zip<br><i>33023</i>  | Country<br><i>Broward</i> |

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|   |  |  |          |
|---|--|--|----------|
| 4. FEI Number<br>65-1138736                               |  | Applied For<br><input type="checkbox"/> Not Applicable |          |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | \$8.75 Additional Fee Required                         |          |
| 7. Name and Address of Current Registered Agent           |  |  |          |
| Name  |  |  |          |
| Street Address (P.O. Box Number is Not Acceptable)        |  |  |          |
|   |  |  |          |
| City  |  | FL   | Zip Code |

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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 *Annmarie Anaje*

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☒

\$5.00 May Be  
Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11.

|  |  |  |                               |
|--|--|--|-------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PRESIDENT<br>ANN MARIE ANAJE<br>3505 NW 89TH TERR<br>COOPER CITY, FL 33024 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DO NOT WRITE<br>IN THIS SPACE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                               |

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Annmarie Anaje* 4/26/04 854)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #