2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address

SIGNATURE AND TYPED OF

SIGNATURE:

FILED Apr 23, 2007 08:00 A Secretary of State DOCUMENT # P01000089041 1. Entity Namo BAHAMAS SEAFOOD GRILL, INC. Principal Place of Business Mailing Address 6280 VIA PALLADIUM 6280 VIA PALLADIUM **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For City & Stato 4. FEI Number City & State 65-1136141 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERGUSON, ELDIN A JR Street Address (P.O. Box Number is Not Acceptable) 6280 VIA PÁLLADIUM **BOCA RATON FL 33433** City Zip Codo 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. (NOTE; Registered Agent signature required when remistating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Addition TITLE ☐ Delete MEF U0000072743B FERGUSON, ELDIN A III NAME NAM 05/04/07-80047-013 150.00 130 SPARROW DRIVE STREET LADDRESS STHEET ADDRESS WEST PALM BEACH FL 33411 CHY-ST-ZIE CITY-ST-ZIP Delete Change Addition HILL THE FERGUSON, ERIN A NAM NAME 130 SPARROW DRIVE STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33411 CITY-ST-7IP CHY-S1-7IP HHI ☐ Defete MIF ☐ Change Addition STRULT ADDRESS STREET ADDRESS CITY+SI-ZIP CITY+S1-ZIP 100 ☐ Defete ☐ Change ■ Addition NAM NAMI STREET ADDRESS STREET ADDRESS CHY+SI-ZIP CHY-ST-ZIP Delete □ Change ■ Addition THU une NAMI: NAMI STREET ADDRESS STREET ADDRESS C!IY+SI-ZIP CITY-ST-ZIP Delete ■ Addition NAME NAMI: STREET ADDRESS STREET ADDRESS CHY-ST-ZIP 12. I hereby cortify that the information supplied with this fling does not qualify for the exemptions contained in Section 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 eath; that I am an efficer or director of the corporation or the receiver or trusted employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

o empowered.

NG OFFICER OR DIRECTOR