

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90340 013 \*\*\*150.00

**DOCUMENT # P01000095759**

1. Entity Name

LAKE RIDGE SANDWICH SHOP, INC.



Principal Place of Business

705 NE 13TH STREET  
FT. LAUDERDALE FL 33304

Mailing Address

1470 N. DIXIE HWY., #4  
FT. LAUDERDALE FL 33304

2. Principal Place of Business

705 NE 13 ST.

3. Mailing Address

1470 N. Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#20

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale FL

Zip  
33304

Country

Barbados

Zip  
33304

Country

Barbados

6. Name and Address of Current Registered Agent

GLASSER, PAULA  
1470 N. DIXIE HWY., #4  
FT. LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name  
Paula Glasser  
Street Address (P.O. Box Number is Not Acceptable)  
1470 N. Dixie Hwy  
#20  
City  
Fort Lauderdale FL Zip Code  
33304

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

*Paula Glasser*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
GLASSER, PAULA  
1470 N DIXIE HWY #4  
FORT LAUDERDALE FL 33304 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Paula Glasser  
1470 N. Dixie Hwy #20  
Fort Lauderdale FL 33304 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

*Paula Glasser*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/1/04 954-468-1477

Daytime Phone #