

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000110976

1. Entity Name
SPORTS TAVERN & GRILL, INC.



Principal Place of Business: **11865 CORAL WAY, SUITE E-1 MIAMI FL 33175**

Mailing Address: **11865 CORAL WAY, SUITE E-1 MIAMI FL 33175**

2. Principal Place of Business: _____

3. Mailing Address: _____

Suite, Apt. #, etc.: _____

City & State: _____

City & State: _____

Zip: _____ Country: _____

Zip: _____ Country: _____



1st MOORE CR2E034 (10/04)

4. FEI Number: **65-1156159** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent

MAAS, JOHN P ESQ.
44 NE 16 STREET
HOMESTEAD FL 33030

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): _____

City: _____ **FL** Zip Code: _____

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: _____ DATE: _____

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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: D <input type="checkbox"/> Delete	NAME: SIEWNARINE, MALCOM STREET ADDRESS: 11865 CORAL WAY, SUITE E-1 CITY-ST-ZIP: MIAMI FL 33175
TITLE: DS <input type="checkbox"/> Delete	NAME: SIEUNARINE, CHRISTOPHER R STREET ADDRESS: 11865 CORAL WAY, SUITE E-1 CITY-ST-ZIP: MIAMI FL 33175
TITLE: D <input type="checkbox"/> Delete	NAME: REINE, JIMMY STREET ADDRESS: 11865 CORAL WAY, SUITE E-1 CITY-ST-ZIP: MIAMI FL 33175
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ 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)(1), 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: MALCOLM SIEWNARINE **MALCOLM SIEWNARINE** 4/15/05 305-226-3040

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