


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 17, 2004 8:00 am**  
**Secretary of State**

08-17-2004 90001 026 \*\*\*150.00


<b>DOCUMENT # P01000114338</b>	
1. Entity Name <b>BEEF O'BRADY'S ENTERPRISES IN TEMPLE TERRACE, INC.</b>	

Principal Place of Business <b>702 ROB ROY PL TEMPLE TERRACE, FL 33617-4251</b>	Mailing Address <b>702 ROB ROY PL TEMPLE TERRACE, FL 33617-4251</b>
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2. Principal Place of Business <b>939 N. RIVERHILLS DR</b>	3. Mailing Address <b>939 N RIVERHILLS DR</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Temple Terrace FL</b>	City & State <b>Temple Terrace FL</b>
Zip <b>33617-4239</b>	Zip <b>33617-4239</b>
Country <b>USA</b>	Country <b>H. Hillsborough</b>

**54068525**

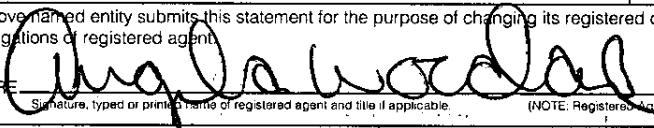


08022004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3756301</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

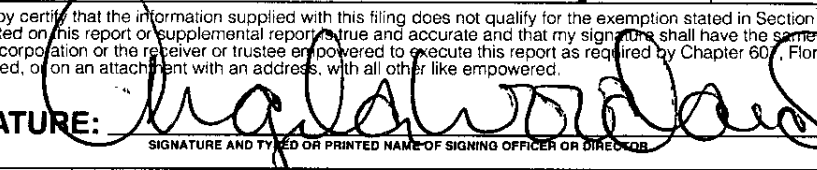
6. Name and Address of Current Registered Agent <b>WOODARD, ANGELA 702 ROB ROY PL TEMPLE TERRACE, FL 33617-4251</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	<b>939 N RIVERHILLS DR</b>
City	<b>Temple Terrace FL</b>
Zip Code	<b>33617-4239</b>

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

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOODARD, KEVIN 702 ROB ROY PL TEMPLE-TERRACE, FL 336174251. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>417 Forest Park Ave</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOODARD, ROBERT F 702 ROB ROY PL TEMPLE TERRACE, FL 336174251 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>939 Riverhills DR</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOODARD, ANGELA 702 ROB ROY PL TAMPA, FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>939 Riverhills DR</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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 <b>8/18/04</b> 8/3-8/7-7/06 Daytime Phone #