## **2006 FOR PROFIT CORPORATION**

## Feb 16, 2006 8:00 am **Secretary of State ANNUAL REPORT DOCUMENT # P01000115278** 02-16-2006 90040 028 \*\*\*150.00 1. Entity Name 301 GRILL, INC. Principal Place of Business Mailing Address 3225 N 50TH ST 1730 VIRGINIA AVE TAMPA, FL 33619 PALM HARBOR, FL 34683 No Chg-P CR2E034 (11/05) 01122006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3758560 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KOUMOUNDOUROS, RODANTHI K DO NOT WRITE 1730 VIRGINIA AVE PALM HARBOR, FL 34683 IN THIS SPACE 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 in the obligations of registered agent Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE KOUMOUNDOUROS, RODANTHI K NAME STREET ADDRESS 1730 VIRGINIA AVE PALM HARBOR, FL 34683 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Daytime Phone #

FILED