



# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000004585					
<b>1. Entity Name</b> TOWER DELI & DINER, INC.					
<b>Principal Place of Business</b> 8170 CLEARY BLVD #1703 PLANTATION, FL 33324-1317			<b>Mailing Address</b> 8170 CLEARY BLVD #1703 PLANTATION, FL 33324-1317		
<b>2. Principal Place of Business</b> 2315 SOUTH UNIVERSITY DR. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 2315 SOUTH UNIVERSITY DR. Suite, Apt. #, etc.			
<b>City &amp; State</b> DAVIE FL		<b>City &amp; State</b> DAVIE FL		<b>4. FEI Number</b> 42-1528828	
<b>Zip</b> 33324		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GOLDSTEIN, ALAN S 8170 CLEARY BLVD #1703 PLANTATION, FL 33324-1317				<b>7. Name and Address of New Registered Agent</b> Name ALAN S. GOLDSTEIN Street Address (P.O. Box Number is Not Acceptable) 1750 EAST OAK KNOLL CIRCLE City DAVIE FL Zip Code 33324	
<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.</b> SIGNATURE <u>Alan S. Goldstein</u> ALAN S. GOLDSTEIN <span style="float: right;">8-9-06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR is \$61.25</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PTD <b>NAME</b> GOLDSTEIN, ALAN S <b>STREET ADDRESS</b> 8170 CLEARY BLVD #1703 <b>CITY-ST-ZIP</b> PLANTATION, FL 33324-1317	<input type="checkbox"/> Delete		<b>TITLE</b> PTD <b>NAME</b> GOLDSTEIN, ALAN S <b>STREET ADDRESS</b> 1750 EAST OAK KNOLL CIRCLE <b>CITY-ST-ZIP</b> DAVIE FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VPS <b>NAME</b> GOLDSTEIN, AMY <b>STREET ADDRESS</b> 8170 CLEARY BLVD #1703 <b>CITY-ST-ZIP</b> PLANTATION, FL 33324-1317	<input type="checkbox"/> Delete		<b>TITLE</b> VPS <b>NAME</b> GOLDSTEIN, AMY <b>STREET ADDRESS</b> 1750 EAST OAK KNOLL CIRCLE <b>CITY-ST-ZIP</b> DAVIE FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b> 600078760916 <b>CITY-ST-ZIP</b> 08/16/06--01015--012 **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing 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.</b>					
<b>SIGNATURE:</b> <u>Alan S. Goldstein</u> ALAN GOLDSTEIN, PRESIDENT			Date <u>8-9-06</u> Daytime Phone #		

FILED

06 AUG 14 AM 7:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08022006 Chg-P CR2E034 (11/05)

4. FEI Number 42-1528828 Applied For Not Applicable

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

GOLDSTEIN, ALAN S  
8170 CLEARY BLVD #1703  
PLANTATION, FL 33324-1317

Name  
ALAN S. GOLDSTEIN  
Street Address (P.O. Box Number is Not Acceptable)  
1750 EAST OAK KNOLL CIRCLE  
City  
DAVIE FL Zip Code  
33324

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 Alan S. Goldstein ALAN S. GOLDSTEIN 8-9-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

**TITLE**  
PTD  
**NAME**  
GOLDSTEIN, ALAN S  
**STREET ADDRESS**  
8170 CLEARY BLVD #1703  
**CITY-ST-ZIP**  
PLANTATION, FL 33324-1317

☐ Delete

**TITLE**  
VPS  
**NAME**  
GOLDSTEIN, AMY  
**STREET ADDRESS**  
8170 CLEARY BLVD #1703  
**CITY-ST-ZIP**  
PLANTATION, FL 33324-1317

☐ Delete

**TITLE**  
  
**NAME**  
  
**STREET ADDRESS**  
  
**CITY-ST-ZIP**

☐ Delete

**TITLE**  
  
**NAME**  
  
**STREET ADDRESS**  
  
**CITY-ST-ZIP**

☐ Delete

**TITLE**  
  
**NAME**  
  
**STREET ADDRESS**  
  
**CITY-ST-ZIP**

☐ Delete

**TITLE**  
  
**NAME**  
  
**STREET ADDRESS**  
  
**CITY-ST-ZIP**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**TITLE**  
PTD  
**NAME**  
GOLDSTEIN, ALAN S  
**STREET ADDRESS**  
1750 EAST OAK KNOLL CIRCLE  
**CITY-ST-ZIP**  
DAVIE FL 33324

☒ Change ☐ Addition

**TITLE**  
VPS  
**NAME**  
GOLDSTEIN, AMY  
**STREET ADDRESS**  
1750 EAST OAK KNOLL CIRCLE  
**CITY-ST-ZIP**  
DAVIE FL 33324

☒ Change ☐ Addition

**TITLE**  
  
**NAME**  
  
**STREET ADDRESS**  
600078760916  
**CITY-ST-ZIP**  
08/16/06--01015--012 \*\*61.25

☐ Change ☐ Addition

**TITLE**  
  
**NAME**  
  
**STREET ADDRESS**  
  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
  
**NAME**  
  
**STREET ADDRESS**  
  
**CITY-ST-ZIP**

☐ 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 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:** Alan S. Goldstein ALAN GOLDSTEIN, PRESIDENT

Date 8-9-06 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

72 8/15