


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000004585	
1. Entity Name TOWER DELI & DINER, INC.	

FILED

06 AUG 14 AM 7:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 8170 CLEARY BLVD #1703 PLANTATION, FL 33324-1317	Mailing Address 8170 CLEARY BLVD #1703 PLANTATION, FL 33324-1317
2. Principal Place of Business 2315 SOUTH UNIVERSITY DR.	3. Mailing Address 2315 SOUTH UNIVERSITY DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



City & State DAVIE FL	City & State DAVIE FL	4. FEI Number 42-1528828	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33324	Country USA	Zip 33324	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	

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
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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 DATE 8-9-06

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

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GOLDSTEIN, ALAN S 8170 CLEARY BLVD #1703 PLANTATION, FL 333241317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GOLDSTEIN, ALAN S 1750 EAST OAK KNOLL CIRCLE DAVIE FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS GOLDSTEIN, AMY 8170 CLEARY BLVD #1703 PLANTATION, FL 333241317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS GOLDSTEIN, AMY 1750 EAST OAK KNOLL CIRCLE DAVIE FL 33324 <input checked="" 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	600078780916 08/16/06--01015--012 **\$1.25 <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
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 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

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

K 8/15