

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P02000007584**

1. Entity Name  
**AMERI-BAR & GRILLS, INC.**



Principal Place of Business  
**3901 SW 47AVE  
407  
DAVIE, FL 33314**

Mailing Address  
**3901 SW 47AVE  
407  
DAVIE, FL 33314**



04302007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>30-0033321</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**

**STEVEN S. VALANCY, P.A.  
311 S.E. 13TH STREET  
FORT LAUDERDALE, FL 33316**

**DO NOT WRITE  
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 the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE <b>P</b>	<b>KIELB, DAVID J</b>
NAME	
STREET ADDRESS	<b>3901 SW 47AVE</b>
CITY-ST-ZIP	<b>DAVIE, FL 33314</b>
TITLE <b>VP</b>	<b>KIELB, TRISHA M</b>
NAME	
STREET ADDRESS	<b>3901 SW 47 AVE</b>
CITY-ST-ZIP	<b>DAVIE, FL 33314</b>
TITLE <b>SEC</b>	<b>PECK, PATRICIA J</b>
NAME	
STREET ADDRESS	<b>3901 SW 47 AVE</b>
CITY-ST-ZIP	<b>DAVIE, FL 33314</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000750414  
05/18/07-80061-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 officers empowered.

SIGNATURE: Patricia Peck Sec 4/30/2007 (954)444-7718  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #