


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000017206	
1. Entity Name PLANTATION DINER, INC.	

Principal Place of Business 7301 W. BROWARD BLVD. PLANTATION, FL 33317	Mailing Address 7301 W. BROWARD BLVD. PLANTATION, FL 33317
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DO NOT WRITE IN THIS SPACE



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0994861	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DIMOLFETTA, JERRY
6701 CYPRESS RD, #314
PLANTATION, FL 33317**

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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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

TITLE D	NAME DIMOLFETTA, JERRY
STREET ADDRESS 6701 CYPRESS RD, #314	
CITY-ST-ZIP PLANTATION, FL 33317	
TITLE D	NAME DIMOLFETTA, INGRID
STREET ADDRESS 6701 CYPRESS RD, #314	
CITY-ST-ZIP PLANTATION, FL 33317	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
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CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
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02/04/04-80063-018 158.75

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 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: *Jerry Dimolfetta* **Jerry Dimolfetta** 2/1/27/04 954-791-2985

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