


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000044963  
 1. Entity Name  
 LIDO RESTAYRANT CORP.



Principal Place of Business 19071 US HWY 27 LAKE WALES, FL 33853	Mailing Address 19071 US HWY 27 LAKE WALES, FL 33853
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04272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 01-0684231	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 BENJAMAA, HASSANE  
 19071 US HWY 27  
 LAKE WALES, FL 33853

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BENJAMAA, HASSANE 19071 US HWY 27 LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT BENJAMAA, ALI 19071 US HWY 27 LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BENJAMAA, SALOUA 19071 US HWY 27 LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP MAMDLOUH, ABELTIF 19071 US HWY 27 LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 05/02/05-80023-011 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 04-27-05 Daytime Phone # \_\_\_\_\_