

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90284 003 ***150.00

DOCUMENT # P02000046608			
1. Entity Name CHEEBURGER CHEEBURGER OF CITYPLACE, INC.			
Principal Place of Business 224 DATURA ST WEST PALM BEACH, FL 33401		Mailing Address 224 DATURA ST WEST PALM BEACH, FL 33401	
2. Principal Place of Business 315 DYER RD Suite, Apt. #, etc.		3. Mailing Address 315 DYER RD Suite, Apt. #, etc.	
City & State: W. Palm Bch FL Zip: 33405 Country: U.S.A		City & State: W. Palm Bch FL Zip: 33405 Country: U.S.A	
4. FEI Number 61-1413246		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 DARROW, PAUL 224 DATURA ST WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): 315 DYER RD. City: W. PALM Bch FL Zip Code: 33405	
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: DARROW, PAUL STREET ADDRESS: 224 DATURA ST CITY-ST-ZIP: WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: 315 DYER RD CITY-ST-ZIP: W. Palm Bch FL 33405	<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
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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:		Date: 4/11/05 Daytime Phone: 561 366-9266	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			