

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90026 047 \*\*\*150.00

**DOCUMENT # P02000046805**

1. Entity Name  
**STEAKHOUSE USA, INC.**



Principal Place of Business  
**C/O LAW OFFICES OF LAWRENCE U TAUBE  
301 CLEMATIS STREET SUITE 3000  
WEST PALM BEACH, FL 33401**

Mailing Address  
**C/O LAW OFFICES OF LAWRENCE U TAUBE  
301 CLEMATIS STREET SUITE 3000  
WEST PALM BEACH, FL 33401**

**14000054**



2. Principal Place of Business  
**2447 N. OCEAN AVENUE**

3. Mailing Address  
**2447 N. OCEAN AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03112004

Chg-P

CR2E034 (10/03)

City & State  
**SINGER ISLAND, FL**

City & State  
**SINGER ISLAND, FL**

4. FEI Number  
**71-0880275**

Applied For  
Not Applicable

Zip  
**33404**

Country  
**USA**

Zip  
**33404**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**TAUBE, LAWRENCE U ESQ  
301 CLEMATIS STREET SUITE 3000  
W PALM BEACH, FL 33401**

**7. Name and Address of New Registered Agent**

Name  
**KEDMI, SOLOMON**

Street Address (P.O. Box Number is Not Acceptable)  
**2447 N. OCEAN AVENUE**

City  
**SINGER ISLAND**

FL

Zip Code  
**33404**

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

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

**3/1/04**  
DATE

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

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KEDMI, SOLOMON  
301 CLEMATIS STREET SIOTE 3000  
WEST PALM BEACH, FL 33401** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KEDMI, SOLOMON  
2447 N. OCEAN AVENUE  
SINGER ISLAND, FL 33404** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KASSAM, NAZIR  
301 CLEMATIS STREET SIOTE 3000  
WEST PALM BEACH, FL 33401** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KASSAM, NAZIER  
2447 N. OCEAN AVENUE  
SINGER ISLAND, FL 33404** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*[Signature]* **AS President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/1/04**  
**561/842-7777**