

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000052482

1. Entity Name
BUFFALO GRILL, INC.



FILED

05 DEC -2 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
10579 U.S. HWY 19 N.
PINELLAS PARK, FL 33782

Mailing Address
10579 U.S. HWY. 19 N.
PINELLAS PARK, FL 33782

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11162005 Chg-P CR2E034 (10/03)

4. FEI Number
52-2372983

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, KAREN R
2908 BAY TO BAY BLVD.
STE. 105
TAMPA, FL 33629

7. Name and Address of New Registered Agent

Name
Smith, Karen R

Street Address (P.O. Box Number is Not Acceptable)

101 E Kennedy Blvd, Suite 2700

City Tampa FL

FL

Zip Code 33602

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 *Karen R Smith*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Nov 21 2005
DATE

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete
NAME PICART, FRANCOIS
STREET ADDRESS 10579 U.S. HWY. 19 N.
CITY-ST-ZIP PINELLAS PARK, FL 33782

TITLE D ☒ Delete
NAME FIGARD, NICOLAS
STREET ADDRESS 10579 U.S. HWY. 19 N.
CITY-ST-ZIP PINELLAS PARK, FL 33782

TITLE D ☐ Delete
NAME GOMEZ, JEANMARIE
STREET ADDRESS 10579 U.S. HWY. 19 N.
CITY-ST-ZIP PINELLAS PARK, FL 33782

TITLE ☐ Delete
NAME *[Signature]*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 300061866363
STREET ADDRESS 12/02/05--01038--005 **61.25
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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 fee empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-7-05

Date

Daytime Phone #