### 2004 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P02000054922

1. Entity Name

SANÁL EATERY, INC.



Principal Place of Business

1050 93RD STREET

UNIT 2A BAY HARBOR ISLAND, FL 33154 Mailing Address

1050 93RD STREET

IINIT 2A

BAY HARBOR ISLAND, FL 33154

### FILED Apr 29, 2004 8:00 am Secretary of State

04-29-2004 90296 035 \*\*\*150.00

# 14013BCe6

### DO NOT WRITE IN THIS SPACE

01262004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For 01-0698557 Not Applicable

5. Certificate of Status Desired \$8.75 Additional

6. Name and Address of Current Registered Agent

AZIZ SANAL 1050 93RD, STREET APT, 2 A MIAMI BEACH, FL 33154

## DO NOT WRITE IN THIS SPACE

	¥.			"		*
	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	d office or re	egistered agent, or both	, in the State of Florida. I am familia	r with, and accept
SIGNATURE				e required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			oing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				b 3.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SANAL, AZIZ 1050 93RD STREET UNIT 2A BAY HARBOR ISLAND, FL 33154				*	
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NAME STREET ADDRESS CITY-ST-ZIP	ome in the second second	vet en	ну, Шинцирога	g ng <sup>1</sup> yakhikang muujuga. <b>DO</b>	NOT WRITE	s Charles and a second
TITLE NAME STREET ADDRESS CITY-ST-ZIP			į	IN T	HIS SPACE	, v
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TITLE NAME STREET ADDRESS					* · · ·	

12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- 4x104

€ (305)868-4007