

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90408 042 \*\*\*150.00

**DOCUMENT # P02000084593**

1. Entity Name  
**DONNA'S CARIBBEAN RESTAURANT AT MARGATE, INC.**



Principal Place of Business  
**5434 NORTH UNIVERSITY DRIVE  
LAUDERDALE, FL 33351**

Mailing Address  
**5434 NORTH UNIVERSITY DRIVE  
LAUDERDALE, FL 33351**

**94079859**



04282004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**75-3075560**

Applied For  
Not Applicable

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

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

**PITTER, CARL S  
7447 NORTH WEST 57TH STREET  
TAMARAC, FL 33319**

**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 \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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**

TITLE	DVT
NAME	GORDON, KARL M
STREET ADDRESS	7447 NORTHWEST 57TH STREET
CITY-ST-ZIP	TAMARAC, FL 33319
TITLE	DS
NAME	HUIE, DONNA K
STREET ADDRESS	7447 NORTHWEST 57TH STREET
CITY-ST-ZIP	TAMARAC, FL 33319
TITLE	PT
NAME	MENDEZ, WILTON
STREET ADDRESS	90070 NORTH WEST 183 STREET
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	VS
NAME	THOMPSON, CHARLENE
STREET ADDRESS	1851 NORTH WEST 46TH AVE
CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/2004**  
Date

**954 726-8870**  
Daytime Phone #