

**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.	
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Principal Place of Business 5434 NORTH UNIVERSITY DRIVE LAUDERDALE, FL 33351	Mailing Address 5434 NORTH UNIVERSITY DRIVE LAUDERDALE, FL 33351
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DO NOT WRITE IN THIS SPACE

94079859



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number 75-3075560	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

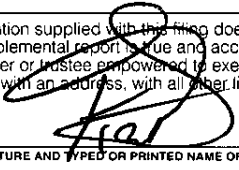
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
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:  **4/30/2004** **954 726-8870**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #