

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90525 023 \*\*\*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**

**50045778**



2. Principal Place of Business  
**181 So STATE RD 7**  
Suite, Apt. #, etc.

3. Mailing Address  
**181 So. STATE RD 7**  
Suite, Apt. #, etc.

04262005 Chg-P CR2E034 (10/03)

City & State  
**MARGATE FL**  
Zip  
**33068** Country  
**USA**

City & State  
**MARGATE, FL**  
Zip  
**33068** Country  
**USA**

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**

7. Name and Address of New Registered Agent

Name  
**KARL M. GORDON**  
Street Address (P.O. Box Number is Not Acceptable)  
**7365 NW 52ND COURT**  
City  
**LAUDERHILL** FL Zip Code  
**33319**

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 **X** **Karl** **4/26/05**  
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, 2005 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** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
HUIE, DONNA K  
7447 NORTHWEST 57TH STREET  
TAMARAC, FL 33319** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PT  
MENDEZ, WILTON  
90070 NORTH WEST 183 STREET  
MIAMI, FL 33169** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VS  
THOMPSON, CHARLENE  
1851 NORTH WEST 46TH AVE  
LAUDERHILL, FL 33313** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**7365 NW 52ND COURT  
LAUDERHILL, FL 33319** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**7365 NW 52ND COURT  
LAUDERHILL, FL 33319** ☒ Change ☐ Addition

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

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

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

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: **Karl**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/05**  
Date

Daytime Phone #