


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000089439 1. Entity Name EAST COAST EATERIES, INC.	
--	---

Principal Place of Business 111 SW 2ND AVENUE FT. LAUDERDALE, FL 33301	Mailing Address 111 SW 2ND AVENUE FT. LAUDERDALE, FL 33301
--	--



01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0422748	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 TASCIONE, MICHAEL 111 SW 2ND AVENUE FT. LAUDERDALE, FL 33301

**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 re-issuing) 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	PD TASCIONE, MICHAEL 111 SW 2ND AVENUE FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD CORDARO, JIMMY 111 SW 2ND AVENUE FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD TASCIONE, WENDY 111 SW 2ND AVENUE FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

000000198942
01/27/05-80074-003 150.00

**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)(f), 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:  **1-9-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #