

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 91045 035 ***150.00

DOCUMENT # P02000090007					
1. Entity Name G & S LOBSTER, INC.					
Principal Place of Business 500 NE 185TH ST BAY 14 MIAMI, FL 33179			Mailing Address 500 NE 185TH ST BAY 14 MIAMI, FL 33179		
2. Principal Place of Business 1101 S. Dixie Hwy. Suite, Apt. #, etc.		3. Mailing Address 1101 S. Dixie Hwy. Suite, Apt. #, etc.			
City & State Pompano Beach FL		City & State Pompano Beach FL		4. FEI Number 52-2371410	
Zip 33060		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRABER, MICHAEL E 4821 SABLE PINE CIR W PALM BEACH, FL 33417				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRABER, MICHAEL E 4821 SABLE PINE CIR W PALM BEACH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Michael E. Graber</i> 4/26/04 Michael Graber 954-933-9844					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					

54051366

MICHAEL C. BECKER & CO.
Certified Public Accountants
1897 Palm Beach Lakes Blvd., Suite 210
West Palm Beach, FL 33409

W.P.B.	Boca Raton	Miami	Fax
(561) 689-4093	(561) 391-0945	(305) 266-6691	(561) 697-4359

INSTRUCTIONS FOR FILING CORPORATION ANNUAL UNIFORM BUSINESS REPORT

(This instruction sheet and return marked "copy" are for your files.)

Type of Return: Florida Uniform Business Report Year: 2004

To be signed by: An Officer, or Other Authorized Person

Amount of Tax Liability:

Attach Check Payable To:

Total Florida Fee \$150.00

Department of State

IMPORTANT: FILING FEE AFTER MAY 1, 2004 IS \$550.00

INSUFFICIENT POSTAGE - The Post Office may delay your return, causing late penalties from the I.R.S. or state. We recommend weighing each envelope at the Post Office to ensure correct postage.

Mail to:

Mail Prior To: May 1, 2004

Division of Corporations
Uniform Business Report Filings
P.O. Box 6198
Tallahassee, FL 32314