

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90197 018 \*\*\*150.00

**DOCUMENT # P02000125235**

1. Entity Name  
**MBF RESTAURANTS, INC.**



Principal Place of Business      Mailing Address

**160 W. EVERGREEN AVE., STE. 270**      **160 W. EVERGREEN AVE., STE. 270**  
**LONGWOOD, FL 32750**      **LONGWOOD, FL 32750**

2. Principal Place of Business      3. Mailing Address

**598 S. RONALD REGAN BLVD**      **P.O. BOX 520085**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**LONGWOOD, FL**      **LONGWOOD, FL**

Zip      Country      Zip      Country

**32750**           **32750**           **FL**           **FL**

40010000



04272008      Chg-P      CR2E034 (11/05)

6. Name and Address of Current Registered Agent

**COOLEY, R. EDWARD ESQ**  
**SHEPHERD MCCABE & COOLEY**  
**1450 SR 434 WEST STE 200**  
**LONGWOOD, FL 32750**

4. FEI Number      Applied For

**22-3883346**      Not Applicable

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

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>TATO, MANUEL II</b>
STREET ADDRESS	<b>598 S RONALD REGAN BLVD</b>
CITY-ST-ZIP	<b>LONGWOOD, FL 32750</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: \_\_\_\_\_ **MANNY TATO**      Date: **402-167-9977**      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR