

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000125329

FILED
Apr 29, 2004
Secretary of State

Entity Name: 'ZA-BISTRO! RESTAURANT HOLDINGS, INC.

Current Principal Place of Business:

336 TWELVE OAKS DRIVE
WINTER SPRINGS, FL 32708

New Principal Place of Business:

441 S. ORLANDO AVE.
MAITLAND, FL 32751

Current Mailing Address:

336 TWELVE OAKS DRIVE
WINTER SPRINGS, FL 32708

New Mailing Address:

441 S. ORLANDO AVE
MAITLAND, FL 32751

FEI Number: 42-1563343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULLER, CHRISTOPHER
336 TWELVE OAKS DRIVE
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MULLER, CHRISTOPHER C
Address: 336 TWELVE OAKS DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: EAGEN, MICHAEL E
Address: 2308 EKANA DRIVE
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: SIMON, LEE I
Address: 29707 ALLEGRO DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D () Delete
Name: FISHER, ANDREW M
Address: 608 CONSERVATION DR.
City-St-Zip: WESTON, FL 33327

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: MCCULLOUGH, HOWARD JR
Address: 149 WHITE TAIL DR
City-St-Zip: ITHACA, NY 14850

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL EAGEN

D

04/29/2004

Electronic Signature of Signing Officer or Director

Date