## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000049978

830 S CR 427, STE 202

LONGWOOD, FL 32750

Address: City-St-Zip: FILED Mar 15, 2004 Secretary of State

| Entity Na                                   | me: FALAFEI                                        | BROTHERS, INC.                                             |                                             |                                              |  |
|---------------------------------------------|----------------------------------------------------|------------------------------------------------------------|---------------------------------------------|----------------------------------------------|--|
| Current Principal Place of Business:        |                                                    |                                                            | New Principal Place                         | of Business:                                 |  |
|                                             | REY R. DOLLI<br>LLE, FL 3260                       | NGER, 1 SE 1ST AVE<br>1                                    |                                             |                                              |  |
| Current Mailing Address:                    |                                                    |                                                            | New Mailing Address                         | ::                                           |  |
|                                             | REY R. DOLLI<br>LLE, FL 3260                       | NGER, 1 SE 1ST AVE<br>1                                    |                                             |                                              |  |
| FEI Number: 20-0858640 FEI Nu               |                                                    | FEI Number Applied For()                                   | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and                                    | Address of (                                       | Current Registered Agent                                   | : Name and Address o                        | Name and Address of New Registered Agent:    |  |
|                                             | AVE<br>LLE, FL 3260                                |                                                            | the purpose of changing its registered      | d office or registered agent, or both,       |  |
|                                             | e of Florida.                                      |                                                            | pp                                          |                                              |  |
| SIGNATU                                     |                                                    | ii. Oisaastaas of Desistans d                              | I A so such                                 | Dete                                         |  |
| Election Car                                |                                                    | nic Signature of Registered g Trust Fund Contribution ( ). | Agent                                       | Date                                         |  |
| OFFICERS AND DIRECTORS:                     |                                                    |                                                            | ADDITIONS/CHANGE                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | D (<br>FARAH, NICK<br>1120 W UNIVE<br>GAINESVILLE, | RSITY AVE                                                  | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | D (<br>DOLLINGER,<br>1 SE 1ST AVE<br>GAINESVILLE,  |                                                            | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:                             | D (<br>NEJAME, ALAI                                | ) Delete<br>N                                              | Title:<br>Name:                             | ( ) Change ( ) Addition                      |  |

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.

Address:

City-St-Zip:

SIGNATURE: JEFF DOLLINGER D 03/15/2004