
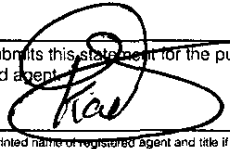
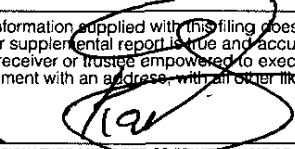


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90525 024 \*\*\*150.00

|   |                                 |   |   |  |  |
|---|---------------------------------|---|---|--|--|
| <b>DOCUMENT # P03000053964</b>  |                                 |   |   |                       |  |
| <b>1. Entity Name</b><br>DONNA'S CARIBBEAN RESTAURANT AT POMPANO BEACH, INC.  |                                 |   |   |  |  |
| <b>Principal Place of Business</b><br>7435 NORTH WEST 57TH STREET<br>TAMARAC, FL 33319  |                                 |   | <b>Mailing Address</b><br>7435 NORTH WEST 57TH STREET<br>TAMARAC, FL 33319  |  |  |
| <b>2. Principal Place of Business</b><br>2617 W. ATLANTIC AVE   |                                 | <b>3. Mailing Address</b><br>2617 W ATLANTIC AVE  |   |  |  |
| Suite, Apt. #, etc.   |                                 | Suite, Apt. #, etc.   |   |  |  |
| <b>City &amp; State</b><br>POMPANO BEACH, FL  |                                 | <b>City &amp; State</b><br>POMPANO BEACH, FL  |   | <b>4. FEI Number</b><br>01-0792742   |  |
| <b>Zip</b><br>33069   |                                 | <b>Country</b><br>USA   |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br>PITTER, CARL S<br>7435 NORTH WEST 57TH STREET<br>TAMARAC, FL 33319  |                                 |   | <b>7. Name and Address of New Registered Agent</b><br>Name: KARL M. GORDON<br>Street Address (P.O. Box Number is Not Acceptable): 7365 NW 52 <sup>ND</sup> COURT<br>City: LAUDERHILL FL Zip Code: 33319 |  |  |
| <b>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.</b><br>SIGNATURE:  DATE: 4/26/05<br><small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>  |                                 |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |                                 | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |                                 |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| <b>TITLE</b><br>DPT<br><b>NAME</b><br>GORDON, KARL M<br><b>STREET ADDRESS</b><br>7435 NORTH WEST 57TH STREET<br><b>CITY-ST-ZIP</b><br>TAMARAC, FL 33319   | <input type="checkbox"/> Delete |   | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br>7365 NW 52 <sup>ND</sup> COURT<br><b>CITY-ST-ZIP</b><br>LAUDERHILL, FL 33319  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                           |  |
| <b>TITLE</b><br>VPTS<br><b>NAME</b><br>HUIE-GORDON, DONNA<br><b>STREET ADDRESS</b><br>7435 NORTH WEST 57TH STREET<br><b>CITY-ST-ZIP</b><br>TAMARAC, FL 33319  | <input type="checkbox"/> Delete |   | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br>7365 NW 52 <sup>ND</sup> COURT<br><b>CITY-ST-ZIP</b><br>LAUDERHILL, FL 33319  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                           |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete |   | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete |   | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete |   | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>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 an officer like empowered.</b> |                                 |   |   |  |  |
| <b>SIGNATURE:</b>    |                                 |   | Date: 4/26/05   |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                                 |   | <small>Date Daytime Phone #</small>   |  |  |

50045777



04262005 Chg-P CR2E034 (10/03)