## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P0300062552  1. Entity Name FOUR ROSES RESTAURANT CORP								03-03-2004	90428 0	32 ***150	).00
Principal Place 15020 SW 30 HOMESTEAD,	<del>)1-TERRACE</del>		Mailing Address 15020 SW 301-TERRAN HOMESTEAD, FL-3303	3—		× :*1	1 (F21)141 (II F1	1756 MA B <b>A</b> IN <b>SS</b> IN <b>SS</b> I	hi Bàrry guid ff	<b>1</b>	17831 li 1391
2. Principal Pl	ace of Business	3.	Mailing Address	N. Carrie	Market	L					
29935 SW 149 Ct Suite, Apt. #, etc.			29935 SW 149 Ct Suite, Apt. #, etc.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		• • • • • • • • • • • • • • • • • •		(182) 11 (22)
· ,			·				04282004	Chg-P	CR2EC	34 (10/03)	
City & State Home	stead 1	PL	City & State Homestead	$\mathbf{FL}$			4. FEI Number 20– 0	249399		i	plied For at Applicable
<sup>Zip</sup> 3303	3 Cour	itry	Zip 33033	Coun	try		5. Certificate of	Status Desired		\$8.75 Add	ditional d
		dress of Current Reg				 	7. Name and A	ddress of New R	legistered	<del></del>	
-MOHRIN-	OCMANY				Name	Je	sus Mo	urin			
-MOURIN, OSMANY -15020-SW-301-TERRACE ×HOMESTEAD, FL-33033-					Street Add	iress (P.	O. Box Number	is Not Acceptable	a)		
*HOMESTE	AD, FL 33033					29	935 SW	149 Ct			
ŀ					City	НС	mestea	d	FL	- Zip Coc	g 3
			purpose of changing its	register	ed office or re	egistered	d agent, or both	, in the State of Flo	orida. I am		
the obligati	ions of registered ag	ent.	Togue	Mou	rin I	Drac	sident	4	27-20	104	
SIGNATURE_	Glonarule typed or printed	name of registered agent and the			d Agent signature				DATE		<del></del>
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	E NOW!!! FEE I by 1, 2004 Fee	8 \$150.00 will be \$550.00	9. Election Campa Trust Fund Conf		ncing		0 May Be to Fees				
10.	12	OFFICERS AND DIR		11.			ADDITIONS/C	HANGES TO OFF	ICERS AN		
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STREET ADDRESS	20026 GW 155 A			•						Carry Control No.	
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•••••	HOMESTEAD, F			GMY	ET ADORESS -ST-2IP	******	777 888 by a v = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =				
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4-27-2004

786-357-5557

Daytime Phone #

SCHATURE AND TYPED OR PRINTER NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: