# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 02, 2004**
**Secretary of State**

DOCUMENT# P03000066618

**Entity Name:** FGM RESTAURANT, INC.

**Current Principal Place of Business:**

437 WASHINGTON AVENUE
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

437 WASHINGTON AVENUE
MIAMI BEACH, FL 33139

**New Mailing Address:**

**FEI Number: 55-0835691** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SANJURJO, GUSTAVO
437 WASHINGTON AVENUE
MIAMI BEACH, FL 33139

**Name and Address of New Registered Agent:**

KRONFELD, MARIA
437 WASHINGTON AVENUE
MIAMI BEACH, FL 33139

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: MARIA KRONFELD 07/02/2004
Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: SANJURJO, GUSTAVO
Address: 437 WASHINGTON AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete
Name: LANIA, FRANK JR
Address: 437 WASHINGTON AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete
Name: KRONFELD, MARIA F
Address: 437 WASHINGTON AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: SANJURJO, GUSTAVO
Address: 437 WASHINGTON AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

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

Title: VP (X) Change ( ) Addition
Name: KRONFELD, MARIA F
Address: 437 WASHINGTON AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Change (X) Addition
Name: TORRES, MYRNA
Address: 437 WASHINGTON AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

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: MARIA KRONFELD VP 07/02/2004
Electronic Signature of Signing Officer or Director Date