
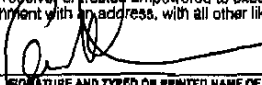


May. 7. 2007 2:49PM ATLANTIC FOOD BARS

No. 8383 P. 1

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000071667		
1. Entity Name AFB II, INC.		
Principal Place of Business 4371-297 NORTHLAKE BLVD PALM BEACH GARDENS, FL 33410		Mailing Address 4371-297 NORTHLAKE BLVD PALM BEACH GARDENS, FL 33410
DO NOT WRITE IN THIS SPACE		
		05072007 No Chg-P CR2E034 (11/05)
4. FEI Number 05-0576943		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent FELDMAN, CARL B 122 SUNESTA COVE DRIVE PALM BEACH GARDENS, FL 33418		DO NOT WRITE IN THIS SPACE
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.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FELDMAN, CARL B 122 SUNESTA COVE DRIVE PALM BEACH GARDENS, FL 33418	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FELDMAN, SUSAN 122 SUNESTA COVE DRIVE PALM BEACH GARDENS, FL 33418	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered.		
SIGNATURE: 		5/4/07 4105810300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone

150.00