

2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/10/2004-90008-001-\$550.00-\$550.00

DOCUMENT # P03000080595



1. Entity Name
SAM'S DELI & GRILL, INC.

FILED
04 OCT -7 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4484 ROYAL PALM AVE
MIAMI BCH FL 33140

Mailing Address
4484 ROYAL PALM AVE
MIAMI BCH FL 33140



2. Principal Place of Business
740 41 ST
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

08012004 Chg-P CR2E034 (10/03) 04

City & State
MIAMI BEACH FL

Zip
33140

Country

4. FEI Number
54-2118805

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SPEIGEL & UTRERA, P.A.
1840 SW 22 ST 4TH FL
MIAMI, FL 33145

7. Name and Address of New Registered Agent
Name
LINDA ZABIELINSKY
Street Address (P.O. Box Number is Not Acceptable)
4484 Royal Palm Ave
City
MIAMI BEACH FL Zip
33140

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 DATE 9/10/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ZABIELINSKY, HENRY 4484 ROYAL PALM AVE MIAMI BCH, FL 33140	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ZABIELINSKY, LINDA 4484 ROYAL PALM AVE MIAMI BCH, FL 33140	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 all other like empowered.