2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/29/2004-90001-024-\$550.00

	ANNOAL							
1. Entity Name	MENT # P03000104 AN GRILL, INC.	241		Oli OC	125 THE ARY OF ALL ASSET.	FLORID	A	
Principal Place	of Business	Mailing Address			THAM			
•	YOUNG CIRCLE	9841 NW 35TH STREE Cooper City, FL 330						
1. Principal Plan	ice of Business JOUNG CIRCLE	3. Mailing Address 994/ W	w 35" £.					
Suite, Apt #,		Suite, Apt. #, etc.		09172004	Chg-P	CR2E03	4 (10/03)	
City & State HO 11 4 Wood PL.		City & State CODDET CITY FL.		4. FEI Number 58193	4. FEI Number 58/9322//		Applied For Not Applicable	
Zip 3302	Country	33024.	Country () S.A.	5. Certificate of S	•		8.75 Add	
	6. Name and Address of Current	· · · · · · · · · · · · · · · · · · ·		7. Name and Ad	dress of New R	egistered A	gent	
SPIEGEL &	UTRERA, P.A.	Name						
1840 SW 22ND ST. 4TH FLOOR			Street Addres	+Street Address (P.O. Bax Number is Not				
	33145		·					
MIAMI, FL :			City			FL	Zip Code	B
MIAMI, FL	named entity submits this statement for ons of registered agent.	or the purpose of changing if	ts registered office or regi	stered agent, or both, in	n the State of Fic	orida. I em fa	amiliar with,	and accept
MIAMI, FL : B. The above n the obligation	ons of registered agent.	and title if applicable. (NC	TE: Registered Agent signature req	julied when reinstasing)	n the State of Flo	DATE	amiliar with,	and accept
MIAMI, FL 3 8. The above n the obligation SIGNATURE	ons of registered agent.		OTE: Registered Agent signature requality		n the State of Flo	······································	amiliar with,	and accept
MIAMI, FL 3 The above n the obligation of the o	ons of registered agent. Signature, typed or printed name of registered agent E. NOWIII FEE:ts \$550.00 By September 8, 2004 OFFICERS AND	9Election Camp Trust Fund Co	OTE: Registered Agent signsture requality specific production in the production in t	suired when reinstating)		DATE	DIRECTOR	S IN 11
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I hereby certify that the information supplied with this filling does not obtainly 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 shot 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 of 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:

PURE AND TYPED ON PRINTED HAME OF NG OFFICER ON DIRECTOR