

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90333 038 ***150.00

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|---|---|--|--|---|--|
| DOCUMENT # P03000125809 | | | |  | |
| 1. Entity Name REGATTA GRILL INC. | | | | | |
| Principal Place of Business 7431 FAIRWAY TRAIL BOCA RATON, FL 3487 | | | Mailing Address 7431 FAIRWAY TRAIL BOCA RATON, FL 3487 | | |
| 2. Principal Place of Business 2075 NE INDIAN RIVER DR | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State JENSEN BEACH FL | | City & State | | 4. FEI Number 68-0572697 | |
| Zip 334957 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent USHER, CONRAD H 7431 FAIRWAY TRAIL BOCA RATON, FL 3487 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete USHER, CONRAD H 7431 FAIRWAY TRAIL BOCA RATON, FL 3487 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Delete AMBAR, MARY A 2075 NE INDIAN RIVER DR. JENSEN BCH, FL 34957 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JORGE AMBAR 2075 NE INDIAN RIVER DR JENSEN BEACH, FL 34957 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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. | | | | | |
| SIGNATURE: <u>Conrad H. Usher Director</u> | | | 4/20/04 754 224-1676 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |