

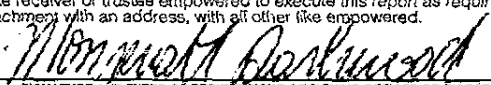


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000142772		
1. Entity Name AMERICAN RESTAURANT DEPOT, INC.		
Principal Place of Business 13735 DOUBLE TREE TRAIL WELLINGTON, FL 33414 US	Mailing Address 13735 DOUBLE TREE TRAIL WELLINGTON, FL 33414 US	
DO NOT WRITE IN THIS SPACE		
		
03312005 No Chg-P CR2E034 (10/03)		
4. FEI Number 20-0437529		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WERBLE, STEVEN CPA,CVA 300 NW 70TH AVE SUITE 200 PLANTATION, FL 33317		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 _____ (NOTE: Registered Agent signature required when recontacting)		
DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD DASHWOOD, MONSERRATT 13735 DOUBLETREE TR WELLINGTON, FL 33414	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST DASHWOOD, MONSERRATT 13735 DOUBLETREE TR WELLINGTON, FL 33414	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		April 10/05 (561) 3867702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #