


FILED
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Secretary of State

02-09-2005 90028 030 ***158.75

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000086015			
1. Entity Name HOAGIE SHACK INC.			
Principal Place of Business 48 E. FLAGLER STREET M44 MIAMI, FL 33131 US		Mailing Address 48 E. FLAGLER STREET M44 MIAMI, FL 33131 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		01242005 Chg-P CR2E034 (10/03)	
4. FEI Number 20-1225382		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TIFFANY, SUSAN L ESQ 407 LINCOLN ROAD 2-A MIAMI BEACH, FL 33139		Name <u>Alba Gutierrez</u> Street Address (P.O. Box Number is Not Acceptable) <u>9056 Collins Ave #22</u> City <u>SURFSIDE</u> FL <u>33154</u>	
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 <u>Alba Gutierrez</u> Signature, typed or printed name of registered agent and title if applicable.		DATE <u>01/27/05</u> (NOTE: Registered Agent signature required when renewing)	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D MULLER, STEPHANIE 5750 COLLINS AVENUE, #11-F MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUTIERREZ, ALBA 9056 COLLINS AVE #22 SURFSIDE, FL 33154 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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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
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>Alba Gutierrez</u> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <u>01/27/05</u> DAYTIME PHONE # <u>305-533-1944</u>	