


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

04-15-2005 90059 004 \*\*\*158.75  
P04000088774

05 OCT 18 PM 12:10

SEC. STATE  
TALLAHASSEE, FLORIDA

|  |  |   |
|--|--|---|
| DOCUMENT # P04000088774                          |  |  |
| 1. Entity Name<br>GARDEN OF EATIN OF MIAMI, INC. |  |   |

|  |  |
|--|--|
| Principal Place of Business<br>136 NW 62ND STREET<br>MIAMI, FL 33150 | Mailing Address<br>136 NW 62ND STREET<br>MIAMI, FL 33150 |
|--|--|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



|   |       |  |
|---|-------|--|
| 4132005   | Chg-P | CR2E034 (10/03)  |
| 4. FEI Number   |       | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> |       | \$8.75 Additional Fee Required   |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><br>BROWNE, JAMAL<br>136 NW 62ND STREET<br>MIAMI, FL 33150 |  |
|---|--|

|  |          |
|--|----------|
| 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 _____ | (NOTE: Registered Agent signature required when reappointing) | DATE 4.13.05 |
|-----------------|---|--------------|

|   |  |
|---|--|
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                         |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DPT<br>BROWNE, JAMAL<br>136 NW 62ND STREET<br>MIAMI, FL 33150 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DVP<br>MURRAY-MCDONALD, DELPHINE<br>136 NW 62ND STREET<br>MIAMI, FL 33150 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DS<br>CICERON, MARIO<br>136 NW 62ND STREET<br>MIAMI, FL 33150 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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>Delphine McDonald</u>                                | 4.13.05 | 305-754-1221    |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date    | Daytime Phone # |