

FILED
Jun 03, 2005 8:00 am
Secretary of State

05-04-2005 90161 007 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000094782			
1. Entity Name GANEDEN (JERUSALEM) RESTAURANT, INC			
Principal Place of Business 7441 WAYNE AVE 4H MIAMI BEACH, FL 33141 US		Mailing Address 7441 WAYNE AVE 4H MIAMI BEACH, FL 33141 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 51-0448651		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAY PEREZ & ASSOCIATES, PA 13935 NW 1ST AVE MIAMI, FL 33168		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 <i>Damon R. Perez</i> DATE <i>4/29/05</i> Signature, typed or printed name of registered agent and his/her address. (NOTE: Registered Agent signature required when registering.)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 ALISHAYEV, IGOR 7441 WAYNE AVE # 4H MIAMI BEACH, FL 33141	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	☐ Change ☐ 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)(x), Florida Statutes. I further certify that the information is stated 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 as an attached e-mail address, with an other like empowered.			
SIGNATURE <i>Tom Alishayev</i> DATE <i>4/29/05</i>		SIGNATURE <i>Tom Alishayev</i> DATE <i>4/29/05</i> 305-6899684	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	