

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90053 003 \*\*\*150.00

DOCUMENT # P04000124782

1. Entity Name  
QUALITY FOOD RESTAURANTS, INC.



Principal Place of Business  
8350 GRAND CANAL DR  
MIAMI, FL 33144-3540

Mailing Address  
8350 GRAND CANAL DR  
MIAMI, FL 33144-3540



03232005 Chg-P CR2E034 (10/03)

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

20-1565361

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YUNIS, MICHAEL J  
8350 GRAND CANAL DR  
MIAMI, FL 33144-3540

Name

Miguel L. Yunis

Street Address (P.O. Box Number is Not Acceptable)

8350 Grand Canal Drive

City

Miami

FL

Zip Code

33144-3540

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

Miguel L. Yunis

Miguel L. Yunis

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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 PD ☐ Delete  
NAME YUNIS, MICHAEL J  
STREET ADDRESS 8350 GRAND CANAL DR  
CITY-ST-ZIP MIAMI, FL 331443540

TITLE PD ☒ Change ☐ Addition  
NAME Yunis, Miguel L.  
STREET ADDRESS 8350 Grand Canal Drive  
CITY-ST-ZIP Miami, FL 331443540

TITLE STD ☐ Delete  
NAME YUNIS, LAUREY  
STREET ADDRESS 8350 GRAND CANAL DR  
CITY-ST-ZIP MIAMI, FL 331443540

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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)(l), 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:

Miguel L. Yunis Miguel L. Yunis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #