

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000166120

1. Entity Name
NORTH POLE GRILL, INC.



FILED

05 OCT -7 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
08/01/05 9042108 150.00



Principal Place of Business
**4409 DEL PRADO BLVD.
CAPE CORAL, FL 33904**

Mailing Address
**4409 DEL PRADO BLVD.
CAPE CORAL, FL 33904**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

07202005 Chg-P CR2E034 (10/03)

4. FEI Number
20-2434850

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**FILINGS, INC.
4409 DEL PRADO BLVD.
CAPE CORAL, FL 33904**

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST TAVARES, ALEX 3664 S CLEVELAND AVE FT MYERS, FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TAVERAS, PRISCILO 4409 DEL PRADO BLVD. CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *Alex Tavaras* **9/26/05** **631-796-7652**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**NORTH POLE GRILL INC
4409 DEL PRADO BLVD
CAPE CORAL FL 33904**

September 26, 2005

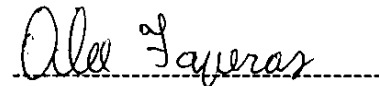
SECRETARY OF STATE
SIR/MADAMAN

I am sending a copy of the cancel check collected by the state of Florida .
Also I am sending the report that by error was send unsigned.
The address where the reject by your process department was send to a different address .
Therefore from now on I will appreciate that any corresponding related to this corporation
be mailed to:
4409 DEL PRADO BLVD CAPE CORAL , FL 33904

I am doing this letter to filled the instruction gave to me, by an examiner in your
department.

I will appreciated your cooperation

Sincerely



ALEX TAVERAS
PRESIDENT