

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
May 21, 2007 8:00 am
Secretary of State**

05-21-2007 90057 046 ***150.00

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|---|
| DOCUMENT # P04000169898 |
| 1. Entity Name THE MEDITERRANEAN RESTAURANT INC |

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 2. Principal Place of Business 39 WATERBRIDGE CT Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|--|

| | |
|--|-------------------------|
| City & State PONTE VEDRA BEACH, FL | City & State |
|--|-------------------------|

| | | | |
|---------------------|----------------|------------|----------------|
| Zip 32082 | Country | Zip | Country |
|---------------------|----------------|------------|----------------|

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|------------------------------------|---|
| 4. FEI Number 52-2446826 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|---|

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|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|--|---------------------------------------|

**DO NOT WRITE
IN THIS SPACE**

| | |
|---|-------------------|
| 7. Name and Address of Current Registered Agent | |
| Name SAAYFAN, PAULA E. | |
| Street Address (P.O. Box Number is Not Acceptable) 39 WATERBRIDGE CT | |
| City PONTE VEDRA BEACH | Zip Code 32082 |

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**
Make Check Payable to Florida Department of State

| | |
|---|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|------------------------------------|

| 10. OFFICERS AND DIRECTORS | | 11. | |
|--|--|--|---------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SAAYFAN, PAULA E. 39 WATERBRIDGE CT PONTE VEDRA BEACH, FL 32082 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  PAULA E. SAAYFAN 4-25-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 904 285-4900
Daytime Phone #