

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

**FILED**  
**Jun 02, 2008 8:00 am**  
**Secretary of State**

06-02-2008 90003 018 \*\*\*150.00

<b>DOCUMENT #</b> P04000169898
1. Entity Name
THE MEDITERRANEAN RESTAURANT INC

**DO NOT WRITE IN THIS SPACE**

40107033

2. Principal Place of Business 39 WATERBRIDGE CT Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State PONTE VEDRA BEACH, FL	City & State
Zip 32082	Country

4. FEI Number 52-2446820	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAAYFAN, PAULA E. 39 WATERBRIDGE CT PONTE VEDRA BEACH, FL 32082
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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 PAULA E. SAAYFAN 6/30/08 904 285-4900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #