


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # P05000030746 1. Entity Name PAL-MED PIZZA, PASTA, & GRILL INC.	
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Principal Place of Business 20810 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33180 US	Mailing Address 20810 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33180 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country



01262007 Chg-P CR2E034 (12/06)

4. FEI Number 20-2412783	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ARS & ASSOCIATES INC. 20810 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33180	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 After May 1, 2007 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PRES FAROOQ, UMAR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000758538 05/24/07-80046-018 150.00
NAME	FAROOQ, UMAR	NAME	
STREET ADDRESS	20810 WEST DIXIE HIGHWAY	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARDARAMATOS, GERASSIMOS	NAME	
STREET ADDRESS	20810 WEST DIXIE HIGHWAY	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180	CITY-ST-ZIP	
TITLE	SEC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAROOQ, UMAR	NAME	
STREET ADDRESS	20810 WEST DIXIE HIGHWAY	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____