## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 27, 2008 08:00 AN Secretary of State DOCUMENT # P05000056858 LESTER'S DINER OF FT. LAUDERDALE, INC. Principal Place of Business Mailing Address 250 STATE ROAD 84 250 STATE ROAD 84 FORT LAUDERDALE, FL 33315 FORT LAUDERDALE, FL 33315 CR2E034 (11/05) 01142008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 30-0326662 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DOGAGIS, PETER SR. 250 STATE ROAD 84 FORT LAUDERDALE, FL 33315 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title it applicable UOQOOQO84Q911 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 03/07/08-80012-022 150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE DOGAGIS, PETER SR. NAME STREET ADDRESS 250 STATE ROAD 84 FORT LAUDERDALE, FL 33315 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME

12. It hereby certify that the information supplied with this filling 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 th an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #