


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90231 026 ***150.00

DOCUMENT # P05000076618	
1. Entity Name FLORIDA RESTAURANTS 4 SALE, INC.	

Principal Place of Business 9209 SEMINOLE BLVD SUITE 22 SEMINOLE, FL 33772	Mailing Address 9209 SEMINOLE BLVD SUITE 22 SEMINOLE, FL 33772
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2. Principal Place of Business 13255 88th PL N.	3. Mailing Address P.O. Box 7006
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Seminole, FL	City & State Seminole, FL
Zip 33776	Zip 33775-7006
Country USA	Country USA

01182006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2908817	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	
KOKKINAKOS, LOUIE 9209 SEMINOLE BLVD SUITE 22 SEMINOLE, FL 33772	

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 Louie Kokkinakos	DATE 3/13/06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	P KOKKINAKOS, LOUIE 9209 SEMINOLE BLVD, SUITE 22 SEMINOLE, FL 33772 <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	VP BALLIS, ANGELOS 9209 SEMINOLE BLVD, SUITE 22 SEMINOLE, FL 33772 <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	<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 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: Louie Kokkinakos	PRESIDENT 3/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	