2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 24, 2006 8:00 am Secretary of State DOCUMENT # P05000094915 04-24-2006 90434 039 ***150.00 POLÓ 101 RESTAURANT COMPANY Principal Place of Business Mailing Address 40060767 5030 CHAMPION BOULEVARD **5030 CHAMPION BOULEVARD** SUITE D-3 SUITE D-3 BOCA RATON, FL 33496 BOCA RATON, FL 33496 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182006 Chg-P CR2E034 (11/05) Applied For City & State 4. FEI Number City & State <u> 30-309</u>9065 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired ee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KARNEY, WILLIAM M Street Address (P.O. Box Number is Not Acceptable) 915 MIDDLE RIVER DRIVE SUITE 506 FORT LAUDERDALE, FL 33304 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 DATE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Delete TITLE TITLE SPIEGEL, THEODORE E NAME NAME STREET ADDRESS STREET ADDRESS 5030 CHAMPION BOULEVARD, SUITE D-3 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33496 ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ D€lete TITLE NAME NAME

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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

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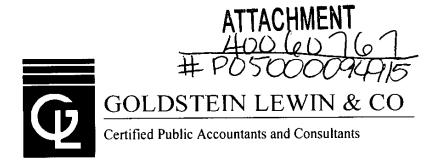
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Date: April 18, 2006

For the Year: 2006

To POLO 101 RESTAURANT INC.

FILING INSTRUCTIONS

FLORIDA 2006 UNIFORM BUSINESS REPORT FOR CORPORATIONS & OTHER ENTITIES

The enclosed return has been prepared from data and other information submitted by you. Please review this report for any omissions or misstatements.

SIGNATURE:

Read and verify correctness of declarations before signing.

PAYMENT

REQUIRED:

\$150.00 - Filing fee to be paid with the return.

Make check payable to the **DEPARTMENT OF STATE**. Be sure to enter the corporation's federal employer identification number (see Block

4) on the check.

MAIL TO:

DIVISION OF CORPORATIONS

P.O. BOX 1500

TALLAHASSEE, FLORIDA 32302

MAIL:

Before May 1, 2006

If filed after May 1, 2006, a \$400 penalty will be imposed.

Retain the copy for your files.

It should have the name of the officer signing and date of filing completed

so that your records will be complete.