

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90434 039 ***150.00

DOCUMENT # P05000094915	
1. Entity Name POLO 101 RESTAURANT COMPANY	



Principal Place of Business 5030 CHAMPION BOULEVARD SUITE D-3 BOCA RATON, FL 33496	Mailing Address 5030 CHAMPION BOULEVARD SUITE D-3 BOCA RATON, FL 33496
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40060767



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04182006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3099065	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KARNEY, WILLIAM M 915 MIDDLE RIVER DRIVE SUITE 506 FORT LAUDERDALE, FL 33304		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPIEGEL, THEODORE E 5030 CHAMPION BOULEVARD, SUITE D-3 BOCA RATON, FL 33496 <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
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
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
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
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

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

4/17/06

Daytime Phone #



GOLDSTEIN LEWIN & CO

Certified Public Accountants and Consultants

ATTACHMENT
40060767
P05000094915

Date: April 18, 2006

To POLO 101 RESTAURANT INC.

For the Year: 2006

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.

1900 N.W. Corporate Blvd.
East Building, Suite 300
Boca Raton, Florida 33431
(561) 994-5050
www.goldsteinlewin.com

Broward (954) 429-8555
Dade (305) 944-3582
Palm Beach (561) 734-0309
FAX (561) 241-0071

Fort Lauderdale Office
Advocate Building
315SE 7th Street, 2nd Floor
Fort Lauderdale, Florida 33301
(Reply to Boca Address)