

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-24-2006 90007 021 ***150.00

DOCUMENT # P05000102472 1. Entity Name SINGH'S CARIBBEAN / AMERICAN RESTAURANT INC.					
Principal Place of Business 7073 SE MARICAMP ROAD OCALA, FL 34472			Mailing Address 7073 SE MARICAMP ROAD OCALA, FL 34472		
2. Principal Place of Business <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 10px auto;"> <i>(SAME)</i> </div>			3. Mailing Address <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 10px auto;"> 7073 SE MARICAMP ROAD </div>		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State 			City & State 		
Zip 		Country 		Zip 	
Country 		Country 		4. FEI Number 20-3193695	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SINGH, TULSIE 7073 SE MARICAMP ROAD OCALA, FL 34472			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SINGH, TULSIE 7073 SE MARICAMP ROAD OCALA, FL 34472	<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	D SINGH, SAROUGANIE 7073 SE MARICAMP ROAD OCALA, FL 34472	<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: <i>Tulsie Singh</i> 07/11/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR</small>					