2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000117448

City-St-Zip:

MIAMI LAKES, FL 33014

Entity Name: MAD DOG'S PESTALIPANTS INC

FILED Jul 07, 2006 Secretary of State

Littly Nai	IIIe. WIAD DOC	33 RESTAURANTS, INC.			
Current P	rincipal Place	of Business:	New Principal Pla	New Principal Place of Business:	
16101 ABERDEEN WAY MIAMI LAKES, FL 33014				83000 OVERSEAS HWY ISLAMORADA, FL 33036	
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
16101 ABERDEEN WAY MIAMI LAKES, FL 33014			202	1152 N. UNIVERSITY DRIVE 202 PEMBROKE PINES, FL 33024	
FEI Number:	: 20-3382889	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
HUGHES, 500 FLEM KEY WES		US			
	named entity se of Florida.	submits this statement for the p	urpose of changing its registe	ered office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () MANDICH, JIM 16101 ABERDE MIAMI LAKES, I	EN WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () KASSEWITZ, R 16101 ABERDE MIAMI LAKES, I	EN WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	STD () MANDICH, BON 16101 ABERDE		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: RANDY KASSEWITZ VD 07/07/2006