


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90189 049 \*\*\*150.00

<b>DOCUMENT # P05000166489</b> 1. Entity Name <b>ANTHONY'S SPORTS BAR AND GRILL, INC.</b>					
Principal Place of Business <b>17901 BISCAYNE BLVD</b> <b>AVENTURA, FL 33160 US</b>			Mailing Address <b>17901 BISCAYNE BLVD</b> <b>AVENTURA, FL 33160 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1660 NW 19 AVENUE</b> Suite, Apt. #, etc.		3. Mailing Address <b>1660 NW 19 AVENUE</b> Suite, Apt. #, etc.			
City & State <b>POMPANO BEACH, FL</b> Zip <b>33069</b> Country		City & State <b>POMPANO BEACH, FL</b> Zip <b>33069</b> Country		4. FEI Number <b>20-4488523</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BRUNO, ANTHONY</b> <b>2203 SOUTH FEDERAL HIGHWAY</b> <b>FORT LAUDERDALE, FL 33316</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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) Signature, typed or printed name of registered agent and title if applicable. DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES</b> <b>BRUNO, ANTHONY</b> <b>2203 SOUTH FEDERAL HIGHWAY</b> <b>FORT LAUDERDALE, FL 33316</b> <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 fee empowered.					
<b>SIGNATURE:</b> _____ <b>2/24/08</b> <b>305-830-2625</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deline Phone #					

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