

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90035 039 \*\*\*150.00

DOCUMENT # P07000021209

1. Entity Name

MYRIAM'S RESTAURANT & GRILLE, INC.



Principal Place of Business

20359 EAST PENNSYLVANIA AVE  
DUNNELLON FL 34432

Mailing Address

20359 EAST PENNSYLVANIA AVE  
DUNNELLON FL 34432



2. Principal Place of Business - No P.O. Box #

20359 E. PENN. AVE

3. Mailing Address

20359 E. PENN. AVE

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

DUNNELLON, FL.

City & State

DUNNELLON, FL.

Zip

34432

Country

U.S.A

Zip

34432

Country

U.S.A

1st MOORE

CR2E034 (10/07)

4. FEI Number

20-8472371

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

7. Name and Address of New Registered Agent

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

*Kenneth M. Slagle* President

4/21/08

Signature, typed or printed name of registered agent and the filer/proxy

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME SLAGLE, KENNETH M  
STREET ADDRESS 20359 EAST PENNSYLVANIA AVE  
CITY-ST-ZIP DUNNELLON FL 34432

TITLE STD ☐ Delete  
NAME SALAZAR, MYRIAM  
STREET ADDRESS 20359 EAST PENNSYLVANIA AVE  
CITY-ST-ZIP DUNNELLON FL 34432

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Kenneth M. Slagle* president  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08 352-489-4118

Date

Daytime Phone #