

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000033447

FILED
Oct 15, 2009
Secretary of State

Entity Name: HANDMADE RESTAURANTS, INC.

Current Principal Place of Business:

2467 3RD STREET SOUTH
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

319 23RD AVENUE SOUTH
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

2467 3RD STREET SOUTH
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

319 23RD AVENUE SOUTH
JACKSONVILLE BEACH, FL 32250

FEI Number: 20-8644862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAFER, ELIOT J ESQ
10110 SAN JOSE BLVD.
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

SAFER, ELIOT J ESQ
4348 SOUTHPOINT BLVD
SUITE 101
JACKSONVILLE, FL 32216 US

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.

SIGNATURE: ELIOT J SAFER

10/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HANDMAKER, ROBERT
Address: 3856 BIGGIN CHURCH RD.
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: HANDMAKER, CYNTHIA
Address: 3856 BIGGIN CHURCH RD.
City-St-Zip: JACKSONVILLE, FL 32224

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: BERLIN, DAVID
Address: 319 23RD AVENUE SOUTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: ROBERT HANDMAKER

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10/15/2009

Electronic Signature of Signing Officer or Director

Date