

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000086774

FILED
Apr 28, 2009
Secretary of State

Entity Name: EBEN-EZER CARRIBEAN TAKE-OUT RESTAURANT, INC.

Current Principal Place of Business:

7160 KIMBERLY BLVD.
NORTH LAUDERDALE, FL 33068

New Principal Place of Business:

Current Mailing Address:

7160 KIMBERLY BLVD.
NORTH LAUDERDALE, FL 33068

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

OSCAR, CHARITE
7160 KIMBERLY BLVD.
NORTH LAUDERDALE, FL 33068 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, D () Delete
Name: OSCAR, CHARITE
Address: 3509 NW 39TH AVE
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: VP, D () Delete
Name: SIMON, ORELIEN
Address: 1670 NW 1ST WAY
City-St-Zip: POMPANO BCH., FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: OCHARITE

P.D

04/28/2009

Electronic Signature of Signing Officer or Director

Date