## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 28, 2008 08:00 Al **Secretary of State** DOCUMENT # P93000037757 BOSTON JUICY JERK, INC. Mailing Address Principal Place of Business 5464 NW 19TH ST 5464 NW 19TH ST FT LAUDERDALE, FL 33313 FT LAUDERDALE, FL 33313 No Chg-P CR2E034 (11/05) 01192008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0406991 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent IRVING, STEPHEN A DO NOT WRITE 5464 NW 19TH ST FT LAUDERDALE, FL 33313 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE IRVING, STEPHEN A NAME STREET ADDRESS 5464 NW 19TH ST -U80000800542 FT LAUDERDALE, FL 33313 CITY-ST-ZIP 01/31/08-80021-017 150.00 TITLE NAME STREET AODRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental leport 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

dress, with all other like empowered.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an a

SIGNATURE: X

FILED

Daytime Phone #