


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90202 014 ***150.00

DOCUMENT # P93000058627																																															
1. Entity Name YBOR CITY SALOON, INC.																																															
Principal Place of Business 1816 7TH AVE. TAMPA, FL 33605 US			Mailing Address 1816 7TH AVE. TAMPA, FL 33605 US																																												
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																													
City & State		City & State																																													
Zip	Country	Zip	Country	04172008 Chg-P CR2E034 (12/06)																																											
4. FEI Number 59-3205162				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable																																								
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Not Applicable																																															
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent																																											
IAVARONE, GINO 1816 7TH AVE TAMPA, FL 33605				7. Name and Address of New Registered Agent																																											
Name:				Name:																																											
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)																																											
City				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> PD IAVARONE, GINO 1816 7TH AVE. TAMPA, FL </td> <td style="padding: 5px; text-align: right;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td colspan="2" style="padding: 5px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: right;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td colspan="2" style="padding: 5px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: right;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td colspan="2" style="padding: 5px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: right;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td colspan="2" style="padding: 5px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: right;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td colspan="2" style="padding: 5px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: right;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td colspan="2" style="padding: 5px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IAVARONE, GINO 1816 7TH AVE. TAMPA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 like empowered.																																															
SIGNATURE: _____ 4/7/08 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																															