

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000087919

1. Entity Name
CHINA GRILL MANAGEMENT, INC.



Principal Place of Business
404 WASHINGTON AVE
ATTN: CHINA GRILL
MIAMI BEACH, FL 33139

Mailing Address
404 WASHINGTON AVE
ATTN: CHINA GRILL
MIAMI BEACH, FL 33139

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

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

03262008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

65-0460112

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

China Grill Management, Inc.
16400 NW 2nd Avenue
Suite # 200
MIAMI, FL 33169

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

(Signature)
Signature of current or new registered agent and fee if applicable

Jack Polsenberg CFO / TMP

03/26/08

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME CHODOROW, JEFFREY
STREET ADDRESS 19925 NE 39TH PL., PH 701
CITY-ST-ZIP AVENTURA, FL 33180

TITLE DV ☐ Delete
NAME POLSENBERG, JACK
STREET ADDRESS 4 GARTLEY DR.
CITY-ST-ZIP NEWTOWN SQUARE, PA

TITLE DV ☐ Delete
NAME FAGGEN, NEIL
STREET ADDRESS 1248 GULPH CREEK DR
CITY-ST-ZIP RADNOR, PA 19087

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 000000880225
STREET ADDRESS 04/15/08-80078-020 150.00
CITY-ST-ZIP

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

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

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

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 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

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.26.08

Date

305.957.0800

Daytime Phone #

Jack Polsenberg