

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90057 048 ***150.00

DOCUMENT # P94000028095

1. Entity Name
LIMIRICK PRETZEL, INC.



Principal Place of Business
**9585 W. ATLANTIC BLVD
CORAL SQUARE MALL
CORAL SPRINGS, FL 33071**

Mailing Address
**8375 HORSESHOE BAY RD.
BOYTON BEACH, FL 33437**

40000000



02102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0485227

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**WENACUR, JOEL
8375 HORSESHOE BAY RD.
BOYTON BEACH, FL 33437**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WENACUR, JOEL
STREET ADDRESS	8375 HORSESHOE BAY RD
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	VPS
NAME	WENACUR, RICKY
STREET ADDRESS	4 O'REILLY CT
CITY-ST-ZIP	CROTON ON HUDSON, NY 10520
TITLE	T
NAME	WENACUR, SANDRA
STREET ADDRESS	8375 HORSHOE BAY ROAD
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X JOEL WENACUR

Date

Daytime Phone #

7/10/05

954-753-9444