

# **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P94000028095

Entity Name: LIMIRICK PRETZEL, INC.

**FILED**  
**Jun 09, 2006**  
**Secretary of State**

## **Current Principal Place of Business:**

9585 W. ATLANTIC BLVD  
CORAL SQUARE MALL  
CORAL SPRINGS, FL 33071

## **Current Mailing Address:**

8375 HORSESHOE BAY RD.  
BOYTON BEACH, FL 33437

## **New Principal Place of Business:**

9585 WEST ATLANTIC BOULEVARD  
CORAL SQUARE MALL  
CORAL SPRINGS, FL 33071

## **New Mailing Address:**

8375 HORSESHOE BAY ROAD  
BOYTON BEACH, FL 33437

FEI Number: 65-0485227

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

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

## **Name and Address of New Registered Agent:**

BLAIR, LAURENCE I  
100 W. CYPRESS CREEK ROAD  
SUITE 700  
FT. LAUDERDALE, FL 33309 US

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: LAURENCE I. BLAIR

06/09/2006

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WENACUR, JOEL  
Address: 8375 HORSESHOE BAY RD  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VPS ( ) Delete  
Name: WENACUR, RICKY  
Address: 4 O'REILLY CT  
City-St-Zip: CROTON ON HUDSON, NY 10520

Title: T (X) Delete  
Name: WENACUR, SANDRA  
Address: 8375 HORSHOE BAY ROAD  
City-St-Zip: BOYNTON BEACH, FL 33437

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WENACUR, JOEL  
Address: 8375 HORSESHOE BAY ROAD  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: STD (X) Change ( ) Addition  
Name: WENACUR, SANDRA  
Address: 8375 HORSESHOE BAY ROAD  
City-St-Zip: BOYNTON BEACH, FL 33437

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOEL WENACUR

PD

06/09/2006

Electronic Signature of Signing Officer or Director

Date