

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000031136

1. Entity Name
UNCLE TOM'S BARBECUE, INC.



Principal Place of Business
**3988 S.W. 8TH ST.
MIAMI, FL 33134**

Mailing Address
**2903 SALZEDO STREET
CORAL GABLES, FL 33134**

DO NOT WRITE IN THIS SPACE



07112005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0499955	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARRERO, JULIO C
2903 SALZEDO STREET
CORAL GABLES, FL 33134**

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 _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARRERO, JULIO C 2903 SALZEDO STREET CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MARRERO, FANIO 2903 SALZEDO STREET CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GALCERAN, JORGE 2903 SALZEDO STREET CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GABERAN, GILBERT 2903 SALZEDO STREET CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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08/26/05-80004-009 150.00

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: **FANIO MARRERO** 8/23/05 305-446-0163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #