## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000071389

FILED Apr 08, 2004 Secretary of State

Entity Name: CHEEBURGER CHEEBURGER RESTAURANTS, INC.

| Current Pr   | incipal Place | of Business:               | New Principal Place o                         | New Principal Place of Business:             |  |
|--|---------------|----------------------------|---|--|--|
| 15951 MCGREGOR BLVD<br>UNIT 2A   |               |                            |   |  |  |
| FT MYERS,  |               | US                         |   |  |  |
| Current Mailing Address:   |               |                            | New Mailing Address                           | New Mailing Address:                         |  |
| 15951 MCGREGOR BLVD<br>JNIT 2A   |               |                            |   |  |  |
| FT MYERS   | FL 33908      | US                         |   |  |  |
| FEI Number:  | 65-0531439    | FEI Number Applied For ( ) | FEI Number Not Applicable ( )                 | Certificate of Status Desired ( )            |  |
| Name and   | Address of C  | Current Registered Agent:  | Name and Address of                           | Name and Address of New Registered Agent:    |  |
| KANOUSE, KEITH J.<br>6879 GIRALDA CIRCLE<br>BOCA RATON, FL 33433   |               |                            |   |  |  |
| 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. |               |                            |   |  |  |
| SIGNATUR   | E:            |                            |   |  |  |
| Electronic Signature of Registered Agent   |               |                            | nt  | Date   |  |
| Election Campaign Financing Trust Fund Contribution ( ).   |               |                            |   |  |  |
| OFFICERS AND DIRECTORS:  |               |                            | ADDITIONS/CHANGE                              | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | ZICARI, BRUCE | GOR BLVD, UNIT 2-A         | Title: (<br>Name:<br>Address:<br>City-St-Zip: | ()Change ()Addition                          |  |

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRUCE ZICARI PRES 04/08/2004