


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

02-11-2005 90033 019 ***150.00

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| DOCUMENT # P94000072420 |  |
| 1. Entity Name PETAL RESTAURANTS, INC. | |

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| Principal Place of Business 7036 W PALMETTO PARK RD. BOCA RATON, FL 33433 | Mailing Address 7036 W PALMETTO PARK RD. BOCA RATON, FL 33433 |
|---|---|

66018459



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| 2. Principal Place of Business NONE | 3. Mailing Address 5101 CONGRESS AVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |


05042005 Chg-P CR2E034 (10/03)

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|---------------------------------------|---------------------------------------|---|--|
| City & State BOCA RATON, FL | City & State BOCA RATON, FL | 4. FEI Number 65-0539629 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33487 | Country USA | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent DONOVAN, PETE 6704 SWEET MAPLE LANE BOCA RATON, FL 33433 |
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| 7. Name and Address of New Registered Agent Name: SAME PETER DONOVAN Street Address (P.O. Box Number is Not Acceptable) 2700 N.W. 41ST ST City: BOCA RATON FL Zip Code: 33434 |
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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:  DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DONOVAN, PETER J 6704 SWEET MAPLE LANE BOCA RATON, FL 33433 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P. DONOVAN, PETER J. 2700 NW 41 STREET BOCA RATON, FL 33434 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:  Date: _____ Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR