## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2004 08:00 AM Secretary of State

| AMN  | DAL REPURI   | 1 2 2 43  | Secretary of State   |
|--|--|---|--|
| DOCUMENT # P95000039353  1. Entity Name RICK'S & DURTY HARRY'S ENTERTAINMENT COMPLEX.  |  |   | Secretary or State   |
| INC.   | TENTANTOLIN COME ELX,  |   |  |
| Principal Place of Business<br>202 DUVAL ST  | Mailing Address<br>202 DUVAL ST  |   |  |
| KEY WEST, FL 33040   | KEY WEST, FL 33040   | *   |  |
|  |  | <u>₹</u>  |  |
|  |  |   | 04052004 No Chg-P CR2E034 (10/03)  |
| DO NOT WRITE IN THIS SPAC  |  |   |  |
|  |  |   | 65-0415281 Not Applicable  |
| 6. Name and Address of   | Current Registered Agent   | Angelia in the company of the   | 5. Certificate of Status Desired Fae Required  |
| ROSSI, MARK  |  |   | DO NOT WOITE   |
| 202 DUVAL ST<br>KEY WEST, FL 33040   |  | DO NOT WRITE  |  |
| 1  |  |   | IN THIS SPACE  |
| 8. The above named entity submits this state   | amont for Mauricea of chancing its visitation  | vod office or registo   | red agent, or both, in the State of Florida. I am familiar with, and accept  |
| the obligations of registered agent.   | ernent to be purpose or creatiging its registe   |   | red agent, or both, in the State of Florida. I am rammed with, and accept  |
| SIGNATURE Signature, typed or printed name of regist   | ered agent and title it applicable. (NOTE Register   | red Agent signature require   | d when reinstating) buy's  |
| FILE NOW!!! FEE IS \$150<br>After May 1, 2004 Fee will be  |  |   | .00 May Be U00000116781 U4/16/04-80078-019 150.00  |
| 10. OFFICE   | RS AND DIRECTORS   |   |  |
| NAME ROSSI, MARK   |  |   |  |
| STREET ADDRESS 202 DUVAL ST<br>CITY-ST-ZIP KEY WEST, FL 33040  |  | _   |  |
| TITLE NAME   |  |   |  |
| STREET ADDRESS CITY-ST-ZIP   |  | I.  |  |
| MLE  |  | 1   |  |
| NAME<br>STREET ADDRESS   |  |   | DO NOT WRITE   |
| CITY-ST-ZIP<br>TITLE   | s and a second   | _   |  |
| NAME   |  | 1   | IN THIS SPACE  |
| STREET ADDRESS CITY-ST-ZIP   |  |   |  |
| TITLE NAME   |  |   |  |
| STREET ADDRESS CITY-ST-ZIP   |  |   |  |
| TITLE  | ······································   | -   |  |
| NAME<br>STREET ADDRESS   |  | 1   |  |
| CITY-ST-ZIP  |  | 1   |  |
| <ol> <li>I nereby certify that the information supp<br/>indicated on this report or supplemental<br/>of the corporation or the receiver or trust<br/>changed, or on an attachment with an a</li> </ol> | plied with this filling does not qualify for the ex<br>report is true and accurate and that my signites empowered to execute this report as required orders. | emption stated in Stature shall have the<br>ature shall have the<br>uired by Chapter 60 | ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under cath, that I am an officer or director 7, Florida Statutes, and that my name appears in Block 10 or Block 11 if |