

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000055122

FILED  
Sep 07, 2005  
Secretary of State

Entity Name: MARIO CITY RESTAURANT CORPORATION

## Current Principal Place of Business:

513 FLEMING ST  
4  
KEY WEST, FL 33040 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 308  
KEY WEST, FL 33041 US

## New Mailing Address:

FEI Number: 65-0600241

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DIMITRI KAVOURA  
513 FLOMING ST.  
KEY WEST, FL 33040 US

## Name and Address of New Registered Agent:

DIMITRI KAVOURA  
513 FLEMING ST.  
UNIT 4  
KEY WEST, FL 33040 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:

09/07/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: DIMITRI, KAVOURA  
Address: 513 FLEMING STREET SUITE 4  
City-St-Zip: KEY WEST, FL

Title: VPT ( ) Delete  
Name: HALPREN, MICHAEL  
Address: 209 DUVAL STREET  
City-St-Zip: KEY WEST, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition  
Name: DIMITRI, KAVOURA  
Address: 513 FLEMING STREET SUITE 4  
City-St-Zip: KEY WEST, FL 33040

Title: VP (X) Change ( ) Addition  
Name: DIMITRI, KAVOURA  
Address: 513 FLEMING STREET SUITE 4  
City-St-Zip: KEY WEST, FL 33040

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: DIMITRI KAVOURA

PS

09/07/2005

Electronic Signature of Signing Officer or Director

Date