

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000065410

FILED
May 12, 2006
Secretary of State

Entity Name: EMERALD COAST RESTAURANTS, INC.

Current Principal Place of Business:

4519 N. PINE ISLAND RD
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

4519 N. PINE ISLAND RD
SUNRISE, FL 33351 US

New Mailing Address:

FEI Number: 65-0609793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARELLEK, STEVEN
700 S FED HWY, #200
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

GARELLEK, STEVEN
2650 N MILITARY TRAIL
SUITE 240
BOCA RATON, FL 33431 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:

05/12/2006

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: PD () Delete
Name: WILLIAMS, DAVID
Address: 4519 N. PINE ISLAND RD
City-St-Zip: SUNRISE, FL 33351

Title: VPD () Delete
Name: CHIN, RICHARD
Address: 4519 N. PINE ISLAND RD
City-St-Zip: SUNRISE, FL 33351

Title: STD () Delete
Name: WILLIAMS, ANDRE
Address: 4519 N. PINE ISLAND RD
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DAVID WILLIAMS

P

05/12/2006

Electronic Signature of Signing Officer or Director

Date