FILED
Apr 25, 2006 8:00 am
Secretary of State

03-17-2006 90131 035 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000095103

1. Entity Name
BURBAR MANAGEMENT, INC.

Principal Place of Business
2327 HANCOCK BRIDGE PARKWAY
CAPE CORAL, FL 33990

Mailing Address
Gas & Shop #1
2327 Hancock Bridge
Cape Coral, FL 33990
(239) 656-6171

66011754

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

03102006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0627213 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURBAR, SAMAR S
2327 HANCOCK BRIDE PKWY
CAPE CORAL, FL 33990

7. Name and Address of New Registered Agent

Name / Street Address:
Gas & Shop #1
2327 Hancock Bridge
Cape Coral, FL 33990
(239) 656-6171

City FL Zip Code

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 Samar Burbar — 4/-2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O BURBAR, SAMAR S 2327 HANCOCK BRIDGE PKWY CAPE CORAL, FL 33990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O BURBAR, AMER S 2327 HANCOCK BRIDGE PKWY CAPE CORAL, FL 33990	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Samar Burbar — 4/-2006 — 239-6566171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #