2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2004 08:00 AM. _ _ Secretary of State

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DOCUMENT # P96000019555					Secret	ary of S	state
	GRILL OF WEST OAK MALL	., INC.					
Principal Plac	ce of Business	Mailing Address					
4104 AURO		4104 AURORA ST	İ				
	LES, FL 33146 US	CORAL GABLES, FL 33146	US				
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				4. FEI Number 59-3396		ļ	Applied For Not Applicable
	· · · · · · · · · · · · · · · · · · ·	A CONTRACTOR OF THE PROPERTY O			of Status Desired		5 Additional
	8. Name and Address of Current Re		the state of the s			Fee 8	equired ा १५५७ वर्ष के करने
<u> </u>	8. Name and Address of Current He	distaled Wdetir	= to a second second second	un nervisien kantan kan e	dust salah di salah d	CACA CACA	
YEUNG, HOI SANG				DO	NOT W	RITE	i
4104 AURORA ST CORAL GABLES, FL 33146				m	Comments of the second	RIPER CONTRACTOR	
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	e named entity submits this statement for the	e purpose of changing its registe	ered office or register	ed agent, or both	n, in the State of Flor	ida. I am familia	r with, and accept
nio opiiga	more of registered agent.						
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Registe	red Agent signature required	when reinstating)		DATE	
						<u></u>	
				}	HARRAGA	91857	
Fil After M	.E NOW!!! FEE IS \$150.00 iay 1, 2004 Fee will be \$550.00	Election Campaign Fin Trust Fund Contribution		00 May Be ed to Fees	U0000000 03/17/04-6	91057 0044-015	150.00
After M	officers and dif	Trust Fund Contribution			U0000000 03/17/04-E	91057 0044-015	150.00
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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 turther 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 cath, that I am an officer or director of the comporation 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: _

STREET ADDRESS

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #