## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000030388

Entity Name: CATTLEMAN'S REAL PIT B-B-Q, INC.

FILED Apr 27, 2012 Secretary of State

| Current Principal Place of Business:        |  |                                  | New Principal Place of Business:   |  |
|---|--|----------------------------------|------------------------------------|--|
|   | YMEADOWS I<br>VILLE, FL 322                        |                                  |                                    |  |
| Current Mailing Address:                    |  |                                  | New Mailing Address:               |  |
|   | YMEADOWS I<br>VILLE, FL 322                        |                                  |                                    |  |
| FEI Number:                                 | 65-0675917   | FEI Number Applied For ( )       | FEI Number Not Applicable ( )      | Certificate of Status Desired ( )      |
| Name and                                    | Address of C                                       | Current Registered Agent:        | Name and Address o                 | f New Registered Agent:                |
|   | IAURICE<br>YMEADOWS I<br>VILLE, FL 322             |                                  |                                    |  |
|   | named entity :<br>e of Florida.                    | submits this statement for the p | ourpose of changing its registered | d office or registered agent, or both, |
| SIGNATUF                                    | RE:  |                                  |                                    |  |
|   | Electror   | nic Signature of Registered Age  | ent                                | Date                                   |
| OFFICERS                                    | S AND DIREC  | TORS:                            |                                    |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | P<br>KHALILI, MAUR<br>5111-2 BAYME<br>JACKSONVILLI | ADOWS RD                         |                                    |  |
|   |  |                                  |                                    |  |

Title: S

City-St-Zip:

Title:

Name: Address:

Name: SHARIFAI, TAMARA
Address: 5111-2 BAYMEADOWS RD.
City-St-Zip: JACKSONVILLE, FL 32217

KHALILI-ARABI, MIRAS

5111-2 BAYMEADOWS RD JACKSONVILLE, FL 32217

I hereby 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 all other like empowered.

SIGNATURE: MAURICE KHALILI P 04/27/2012