

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000077864 1. Entity Name STEVIE B'S OF WESTON, INC.																					
Principal Place of Business STEVIE B'S RIB CATE WESTON FL 33326 US			Mailing Address 420 CAMBRIDGE DR. WESTON FL 33326 US																		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																		
City & State			City & State																		
Zip		Country		4. FEI Number 65-0696255																	
5. Certificate of Status Desired ☐		Applied For ☐ Not Applicable ☒																			
6. Name and Address of Current Registered Agent TRAGER, ROSS CPA 1000 N HIATUS RD STE 110 PEMBROOKE PINES FL 33026			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D ☐ Delete</td> </tr> <tr> <td>NAME</td> <td>BIRGER, STEVEN</td> </tr> <tr> <td>STREET ADDRESS</td> <td>288 INDIAN TRACE RD.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT LAUDERDALE FL 33326</td> </tr> </table>			TITLE	D ☐ Delete	NAME	BIRGER, STEVEN	STREET ADDRESS	288 INDIAN TRACE RD.	CITY-ST-ZIP	FORT LAUDERDALE FL 33326	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">Change ☐ Addition ☐</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	Change ☐ Addition ☐	NAME		STREET ADDRESS		CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Steve Birger 3/12/06 954 3491241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR