2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 25, 2007 08:00 All Secretary of State DOCUMENT # P96000078812 1. Entity Name PHILLY STEAK SUB SHOP II, INC. Principal Place of Business Mailing Address 6025 MIRAMAR PARKWAY MIRAMAR FL 33023 6025 MIRAMAR PARKWAY -MIRAMAR FL 33023 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/06) 1st MOORE City & State City & State Applied For 4. FEI Numbor 65-0704212 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo AMERILAWYER CHARTERED Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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 Signature, typed or printed name of registered agent and title it applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** HILE Delete THILE Change ☐ Addillor BEAUDRY, RENEE M NAME NAME U00000731920 6025 MIRAMAR PARKWAY STREET ADDRESS STREET ADORESS ინ/ტ9/07-80025-011 150.00 MIRAMAR FL 33023 CHY-ST-ZIP CHY-SI-ZIP Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CHY-ST-703 CITY-ST-7IP Change TIFLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP IME Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7IP HILE Delete ШЕ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STRECT ADDRESS CITY-ST-ZIP CITY-SI-ZIP 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 eath; 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.

FILED

SIGNATURE: Melly Level M Bearly 4/23/67 954964-8686