2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State
06-15-2005 90095 025 ***150.00

6.

DOCUMENT # P97000016439

1. Entity Name
NICK'S LOBSTER RESTAURANT, INC.

66025780

Principal Place of Business	Mailing Address
4613 UNIVERSITY DRIVE 218 CORAL SPRINGS, FL 33067	3111 N UNIVERSITY DR 720 CORAL SPRINGS, FL 33065

02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0823231
☐ Applied For
☐ Not Applicable

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

7. Name and Address of Current Registered Agent

LAWRENCE KUPFER
1700 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROSA, NICHOLAS
STREET ADDRESS	4613 UNVERSITY DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 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: Nicholas Rosa 12/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

Nicks Lobster Restaurant, Inc.
66025780
Ref. # P9700001643 9

To Whom it may Concern:

On reference to the late fee that I am being assessed, I did not receive notice to file and would like the late fee to be waived. I have attached a copy of your letter to me.

Thank you for your anticipated Cooperation. I look forward to hearing from you. (917) 860-7349

Sincerely,

Nick Rosa

ATTACHMENT 66025780
P97000016439

FLORIDA DEPARTMENT OF STATE
Secretary of State
Glenda E. Hood
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

1800 U.S. POSTAGE PB3590927
3941$00.37 0 JUL 01 2005
3434 MAILED FROM ZIP CODE 33060

NOTICE OF INTENT TO DISSOLVE

Impound

NICKS LIVE LOBSTER, INC.
4613 UNIVERSITY DRIVE #218
CORAL SPRINGS, FL 33067

P.S. Is This Taken Care of??

OPTION 3 - ***Receive a form by mail*** - *Allow up to 28 days total processing time.*

- *Detach this postcard.*
- *Enter address to mail report to, if different from preprinted address.*
- *Affix postage on reverse side and mail.*

Document # P97000016439

NICK'S LOBSTER RESTAURANT, INC.
3111 N UNIVERSITY DR
720
CORAL SPRINGS FL 33065-5099

CR2E095-2nd 03/05