2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2008 8:00 am Secretary of State

DOCUMENT # P97000016439 1. Entity Name NICK'S LOBSTER RESTAURANT, INC.								01-23-2	008 90	007 007	***150	.00
Principal Place 4613 UNIVER 218 CORAL SPRIN	rsity drive	E	3111 I 720	Mailing Address 3111 N UNIVERSITY DR 720 CORAL SPRINGS, FL 33065				a iriii irrik talib i	1 1 111 12111 61	NIKA IIK io o keh	81288 141 8 18	18 2 1 (1821
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailin	g Address	1.0.11.00							
Suite, Apt.	#, etc.		Suite, Apt. #. etc.				01082008	Chg-P		CR2E03	4 (12/06)	
City & State	e 		City &	City & State			4. FEI Numb 65-082				_ 	plied For t Applicable
Zip		Country	Zip				5. Certificate of Status Desired					
	6. Name	and Address of Curren	<u> </u>	7. Name and Address of Naw Registered Agent Name								
LAWRENCE KUPFER -1700 UNIVERSITY DRIVE GORAL SPRINGS, FL -33074						Street Address (P.O. Box Number is Not Acceptable)						
						5541 Ur	niversity	Drive	Suit	e 103	Zip Code	
	named entitions of regis	ty submits this statement stered agent.	or the purpos	e of changing its	registere	Coral S		oth, in the State	e of Florid	FL a. I am fai	3300	57
JIGNATURE_	Signature typed	d or printed name of registered ager	nt and title if applica	aole (NOTE	: Registered	Agent signature requ	uired when reinstating)			DATE		
		FEE IS \$150.00 8 Fee will be \$550	1	Election Campaig Trust Fund Contr	•	· ,, •	5.00 May Be added to Fees			.,	-	_
10.	OFFICERS AND DIRECTORS						ADDITIONS	I /CHANGES T	O OFFICE	RS AND D	RECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-SI-ZIP						1				(Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP										[Change	Addition
IFILE MAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREE					(Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1				[Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Oelete		- 1				(Change	Addition
indicated	on this repo	ne information supplied wi ort or supplemental report the receiver or trustee em tachment with an address	is true and ad	curate and that m	ny signat	ure shall have th	he same legal effe	ct as if made i	under oatl	n; that I arr	an officer	or director

Nicholas Rosa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR