2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000043696

KAZBOR'S GRILLE & BAR, INC.



FILED Apr 18, 2008 08:00 A Secretary of State

Principal Place of Business

% MANAGING FOOD, LLC 1326 E. LUMSDEN RD BRANDON, FL 33511

Mailing Address

% MANAGING FOOD, LLC 1326 E. LUMSDEN RD BRANDON, FL 33511



04042008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3449432

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CURRY, CLIFTON C JR 750 W. LUMSDEN ROAD BRANDON, FL 33511

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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. [\$5.00 May Be Added to Fees	U00000905153 05/01/08-80041-014 150.00
10.	OFFICERS AND DIRECTORS					
TITLE	PD		ŀ			
NAME	KAZBOUR, TALAL					· ·
STREET ADDRESS	1326 E. LUMSDEN ROAD					
CITY-ST-ZIP	BRANDON, FL 33511					•
TITLE	VP					
NAME	KAZBOUR, TAREK					
STREET ADDRESS	1326 E. LUMSDEN ROAD					
CITY-ST-ZIP	BRANDON, FL 33511					
TITLE						•
NAME						
STREET ADDRESS					DO	NOT WRITE
CITY-ST-ZIP					DO	NOI WAKIIE
TITLE					INI '	THIS SPACE
NAME					114	IIIIO GFACE
STREET ADDRESS						
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T171 C						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR