

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000050828

FILED
May 08, 2007
Secretary of State

Entity Name: EMERALD COAST RESTAURANT AVENTURA, INC.

Current Principal Place of Business:

4519 N PINE ISLAND ROAD
SUNRISE, FL 33351

New Principal Place of Business:

16850 COLLINS AVENUE
SPACE #106A
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

4519 N PINE ISLAND ROAD
SUNRISE, FL 33351

New Mailing Address:

16850 COLLINS AVENUE
SPACE #106A
SUNNY ISLES BEACH, FL 33160

FEI Number: 65-0759995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARELLEK, STEVEN
2650 N MILITARY TRAIL
SUITE 240
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, DAVID
Address: 4519 N PINE ISLAND ROAD
City-St-Zip: SUNRISE, FL 33351

Title: VP () Delete
Name: CHIN, RICHARD
Address: 4519 N PINE ISLAND RD
City-St-Zip: SUNRISE, FL 33351

Title: ST () Delete
Name: WILLIAMS, ANDRE
Address: 4519 N. PINE ISLAND ROAD
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILLIAMS, DAVID
Address: 16850 COLLINS AVENUE
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: VP (X) Change () Addition
Name: CHIN, RICHARD
Address: 16850 COLLINS AVE
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: ST (X) Change () Addition
Name: WILLIAMS, ANDRE
Address: 16850 COLLINS AVE
City-St-Zip: SUNNY ISLES BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID WILLIAMS

P

05/08/2007

Electronic Signature of Signing Officer or Director

Date