

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000050828

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**Entity Name:** EMERALD COAST RESTAURANT AVENTURA, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** WILLIAMS, DAVID  
**Address:** 16850 COLLINS AVENUE  
**City-St-Zip:** SUNNY ISLES BEACH, FL 33160

**Title:** VP  
**Name:** CHIN, RICHARD  
**Address:** 16850 COLLINS AVE  
**City-St-Zip:** SUNNY ISLES BEACH, FL 33160

**Title:** ST  
**Name:** WILLIAMS, ANDRE  
**Address:** 16850 COLLINS AVE  
**City-St-Zip:** SUNNY ISLES BEACH, FL 33160

I hereby 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 all other like empowered.

**SIGNATURE:** DAVID WILLIAMS

P

04/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date