2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# P97000103237

Entity Name: ORIGINAL JUNIE'S RESTAURANT, INC.

Current Principal Place of Business:

18400 N.W. 2ND AVENUE #11
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

18400 N.W. 2ND AVENUE #11
MIAMI, FL 33169

New Mailing Address:

FEI Number: 65-0799598 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PITTER, DAVE
18400 N.W. 2ND AVENUE #11
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

SHAW, MAUREEN
18400 N.W. 2ND AVENUE #11
MIAMI, FL 33169 US

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: MAUREEN SHAW 01/07/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: PITTER, DAVE
Address: 18400 N.W. 2ND AVENUE #11
City-St-Zip: MIAMI, FL 33169

Title: DV (X) Delete
Name: SHAW, MAUREEN
Address: 18400 N.W. 2ND AVENUE #11
City-St-Zip: MIAMI, FL 33169

Title: DT (X) Delete
Name: BURGESS, KAREN
Address: 10995 NEPTUNE DR
City-St-Zip: COOPER CITY, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: SHAW, MAUREEN
Address: 18400 N.W. 2ND AVENUE #11
City-St-Zip: MIAMI, FL 33169

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MAUREEN SHAW DR 01/07/2009
Electronic Signature of Signing Officer or Director Date