

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90111 002 ***150.00

DOCUMENT # P98000017319

1. Entity Name
CALIFORNIA CHICKEN GRILL INC.



Principal Place of Business
**2124 SW 34TH STREET
GAINESVILLE, FL 32608 US**

Mailing Address
**3227 SW 42ND PLACE
GAINESVILLE, FL 32608 US**

14017574



05062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3497698

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HABIB, SHERIF
3227 SW 42ND PLACE
GAINESVILLE, FL 32608**

**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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CEO
HABIB, SHERIF
3227 SW 42ND PL
GAINESVILLE, FL 32608**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
HABIB, TAREK
3227 SW 42ND PL
GAINESVILLE, FL 32608**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #