## 2006 FOR PROFIT CORPORATION

## ANNUAL REPORT DOCUMENT # P98000053457

1. Entity Name
WILLY'S SPORTS BAR, INC.

02112006

**FILED** Feb 15, 2006 08:00 AM Secretary of State

CR2E034 (11/05)

Fee Required

Principal Place of Business

Mailing Address

4426 W HALLANDALE BEACH BLVD PEMBROKE PARK, FL 33023

4426 W HALLANDALE BEACH BLVD PEMBROKE PARK, FL 33023



## DO NOT WRITE IN THIS SPACE

02.1.2000	 	
4. FEI Number	 Applied For	
65-0848133	Not Applicable	
5. Certificate of Status Desired	\$8.75 Additional	

5. Name and Address of Current Registered Agent

RIZZUTI, WILLIAM 4426 W HALLANDALE BEACH BLVD PEMBROKE PARK, FL 33023

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

No Cha-P

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 8 applicable (NOTE Registered Agent signature required when reinstating)  DATE						
	E NOW!!! FEE IS \$150,00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	oing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
THE NAME STREET ADDRESS CITY-ST-LIP	PSD RIZZUTI, WILLIAM 4428 W HALLANDALE BEACH BLVD PEMBROKE PARK, FL 33023	•				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					UQQQQ0434881 02/25/06-80019-021 150.00	
Title Name Street address City-St-Zip				DO	NOT WRITE	
TIPLE NAME STREET ADDRESS CITY: ST-ZIP				IN '	THIS SPACE	
title Name Street address City-St-Zip						
TITLE NAME SIBLE) ADDRESS CITY-SI-ZIP						
12. Thereby certify that the information supplied with this filing does not quality 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.						

DEFICER OR DIRECTOR