

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000054718

FILED
Apr 26, 2007
Secretary of State

Entity Name: NEW HMS STEAKHOUSE OF ALTAMONTE, INC.

Current Principal Place of Business:

4744 NORTH DALE MABRY
TAMPA, FL 33614

New Principal Place of Business:

800 E ALTAMONTE DRIVE
ALTAMONTE, FL 32701 US

Current Mailing Address:

4744 NORTH DALE MABRY
TAMPA, FL 33614

New Mailing Address:

FEI Number: 59-3517124 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLIDAY, RONALD ESQ
PIPER RUDNICK, LLP
101 E KENNEDY BLVD., SUITE 2000
TAMPA, FL 336025149 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPAS () Delete
Name: BLOOM, HYMAN
Address: 4770 KENT AVENUE, SUITE 100
City-St-Zip: MONTREAL, QUEBEC, CANADA, H3W 1H2

Title: DPT () Delete
Name: SELTZER, MICHAEL
Address: 4744 N DALE MABRY
City-St-Zip: TAMPA, FL 33614

Title: S () Delete
Name: DUBROVSKY, RICHARD
Address: 4770 KENT AVENUE, SUITE 214
City-St-Zip: MONTREAL, QUEBEC, CANADA, H3W 1H2

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: BLOOM, HYMAN
Address: 4770 KENT AVENUE, SUITE 100
City-St-Zip: MONTREAL, QC H3W 1H2 CA

Title: DP (X) Change () Addition
Name: SELTZER, MICHAEL
Address: 4744 N DALE MABRY
City-St-Zip: TAMPA, FL 33614 US

Title: DS (X) Change () Addition
Name: DUBROVSKY, RICHARD
Address: 4770 KENT AVENUE, SUITE 214
City-St-Zip: MONTREAL, QC H3W 1H2 CA

Title: AS () Change (X) Addition
Name: COX, KEN
Address: 4744 N DALE MABRY HWY
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the 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: KEN COX

AS

04/26/2007

Electronic Signature of Signing Officer or Director

Date