


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000004056**  
 1. Entity Name  
**EAT & RUN SUB SHOP, INC.**



Principal Place of Business <b>1400 NORTHWEST 10TH AVENUE MIAMI, FL 33136</b>	Mailing Address <b>1400 NORTHWEST 10TH AVENUE MIAMI, FL 33136</b>
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**DO NOT WRITE IN THIS SPACE**



04122005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0888896</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES, FL 33134**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

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	PTD BEAUDRY, BONITA 1400 NORTHWEST 10TH AVENUE MIAMI, FL 33136
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD BEAUDRY, JACQUES 1400 NORTHWEST 10TH AVENUE MIAMI, FL 33136
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 04/22/05-80110-002 150.00

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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: Bonita Beaudry **1-20-05** **305.324.7173**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #