


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000007956 1. Entity Name THE BOAR'S LAIR SALOON, INC.	
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Principal Place of Business 4520 N. FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308	Mailing Address 4520 N. FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308
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DO NOT WRITE IN THIS SPACE



04022006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0890851	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FASCIANA, FLORENCE
3131 N.W. 68TH COURT
FORT LAUDERDALE, FL 33309

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000501461
04/25/06-80061-006 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FASCIANA, FLORENCE 3131 NW 68TH COURT FORT LAUDERDALE, FL 33309
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12. I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: *Florence Fasciana*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 4-1-06

Date Daytime Phone #