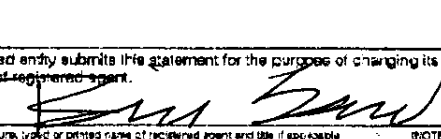


FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90209 024 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P99000035092 1. Entity Name CHECKERS OLD MUNICH ON THE BLVD., INC.		
Principal Place of Business 2209 E. ATLANTIC BLVD. POMPAHO BEACH, FL 33062	Mailing Address 2209 E. ATLANTIC BLVD. POMPAHO BEACH, FL 33062	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SAND, WILLIAM 4627 BOUGANVILLE DR. #2E FT. LAUDERDALE, FL 33308		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 reappointing)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	SAND, WILLIAM 4627 BOUGANVILLE DR. #2E FT. LAUDERDALE, FL 33308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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		

64071467



03312004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0912763	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	