
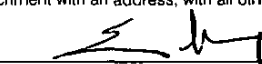


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90287 001 ***150.00

| | | | | | |
|---|---|--|---|---|--|
| DOCUMENT # P99000070121 1. Entity Name BIRYAN OF AMERICA, INC. | | | |  | |
| Principal Place of Business 4410 N FEDERAL HWY FORT LAUDERDALE, FL 33308 | | | Mailing Address 20100 W COUNTRY CLUB DR #306 AVENTURA, FL 33180 | | |
| 2. Principal Place of Business | | 3. Mailing Address 2207 CLIPPER PLACE | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State FORT LAUDERDALE, FL | | | |
| Zip | Country | Zip 33312 | Country BROWARD | 4. FEI Number 65-0940569 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent MAHON, TIMOTHY K 2929 EAST COMMERCIAL BOULEVARD PENTHOUSE E FORT LAUDERDALE, FL 33308 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD EISENSTEIN, EDUARDO U 20150 W COUNTRY CLUB DR #306 AVENTURA, FL 33180 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD EISENSTEIN, EDUARDO U 2207 CLIPPER PL FORT LAUDERDALE, FL 33312 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP EISENSTEIN, EZEQUIEL 3180 S OCEAN DR #417 HALLANDALE, FL 33009 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP EISENSTEIN EZEQUIEL 2216 CORAL REEF COVAT FORT LAUDERDALE, FL 33312 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP DEJIAR, HECTOR 1301 SW 142ND AVE PEMBROKE PINES, FL 33027 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="border: 1px solid black; height: 40px;"></div> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="border: 1px solid black; height: 40px;"></div> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="border: 1px solid black; height: 40px;"></div> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="border: 1px solid black; height: 40px;"></div> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="border: 1px solid black; height: 40px;"></div> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="border: 1px solid black; height: 40px;"></div> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="border: 1px solid black; height: 40px;"></div> | |
| 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:  EDUARDO EISENSTEIN | | | 4/22/05 (305) 525 5654 <small>Date Daytime Phone</small> | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |