## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # P99000077366**

1. Entity Name
T.B. RESTAURANT CONCEPTS, INC.



Feb 13, 2006 8:00 am Secretary of State

**FILED** 

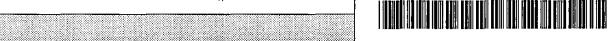
02-13-2006 90035 013 \*\*\*150.00

Principal Place of Business

Mailing Address

4770 BISCAYNE BLVD. SUITE #60-70 MIAMI, FL 33137

**300 SEVILLA AVENUE** SUITE 201 CORAL GABLES, FL 33134



DO NOT WRITE IN THIS SPACE

01202006 No Chg-P CR2E034 (11/05)

4. FEI Number -65-0943808 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALONSO, DOMINGO 301 ALMERIA AVE., STE 3 CORAL GABLES, FL 33134

## 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				required when reinstating)	CATE	
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Car  Trust Fund 0				\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
STREET ADDRESS 9601 COL	E, THOMAS LINS AVENUE APT. 1708 BOR, FL 33154					
TITLE NAME STREET ADORESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN.	THIS SPACE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	i formali un li di di li li di				9. Florida Statutes. I further certify that the	

indicated on this report or supplier with its limit does not qualify in the exemptions obtained in Chapter 19, Plottad statutes. In which additions in a countrie 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

NG OFFICER OR DIRECTOR

576-16/6