

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90042 011 ***150.00

DOCUMENT # P99000077366

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



Principal Place of Business
4770 BISCAYNE BLVD.
SUITE #60-70
MIAMI, FL 33137

Mailing Address
300 SEVILLA AVENUE
SUITE 201
CORAL GABLES, FL 33134

40016316

2. Principal Place of Business - No P.O. Box #
4770 Biscayne Blvd
Suite, Apt. #, etc.
Suite # 680
City & State
Miami FL 33137
Zip
33137
Country
USA

3. Mailing Address
4770 Biscayne Blvd
Suite, Apt. #, etc.
680
City & State
Miami FL
Zip
33137
Country
USA



01102007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0943808

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

Applied For
Not Applicable

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 BILLANTE, THOMAS 9601 COLLINS AVENUE APT. 1708 BAL HARBOR, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: [Signature] 01/25/07 305-576-1616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #