2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # S12274 RESTAURANT, INC.				05-02-2007	90043 006 ***15	0.00
Principal Place of Business Mailing Address							
15500 ROOSEVELT BLVD SUITE 301 15500 ROOSEVELT BLVD SUITE 301 CLEARWATER, FL 33760 US CLEARWATER, FL 33760 US				,			
2. Principal Place of Business No PO Box# 3. Mailing Address 4592 Ulmerton Rd 4592 Ulmerton Rd				Rd		100 mm	
Suite, Apt.	#. etc	Suite, Apt. #, etc	4592 Ulmerton Rd Suite. Apr. #. etc 5 te 100 City & State Clearwater FL		Chg-P	CR2E034 (12/06)	
City & State	water FL	City & State	r FL	4. FEI Numbe 59-303		J - '	oplied For
Zip 33	765 Country	Zip 33762	Country		of Status Desired	\$8.75 Add	ditional
	6. Name and Address of Current R			7. Name and	Address of New F		u .
RUBIN LE	SUF A		Name				
RUBIN, LESLIE A 15500 ROOSEVELT BLVD SUITE 301 CLEARWATER, FL 33760 SIreet A			Street Ad	dress (P.O. Box Number 592 Ulm	er is Not Acceptable	e) Rd Ste	100
CLLARWA	(TEIC, TE 35700						
			City C/	egrwate.		FL Zip God	762
	named entity submits this statement for ions of regis agent.	the purpose of changing its re	egistered office or e	registered agent, or bot	h, in the State of Flo	orida. Lam tamiliar with,	and accept
SIGNATURE_	Buleaku	li-			··		
	Unature, typed or printed name of registered agent an	id httle if apolicable (NOTE I	Registered Agent signatur	e required when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaig Trust Fund Contrib		\$5.00 May Be Added to Fees			
After Ma	ay 1, 2007 Fee will be \$550.0	Trust Fund Contrit	oution.	Added to Fees	CHANGES TO OFF	FICERS AND DIRECTOR	
After Ma	OFFICERS AND C PS RUBIN, LESLIE A	Trust Fund Contrit	11. TITLE NAME	Added to Fees ADDITIONS/		Change	Addition
After Ma	OFFICERS AND C OFFICERS AND C PS RUBIN, LESLIE A 15500 ROOSEVELT BLVD SUITE	Trust Fund Contrit	oution. 11. THILE	Added to Fees ADDITIONS/	inton 1	Change	Addition
After Ma 10. TITLE NAME SIREET ADDRESS	OFFICERS AND C PS RUBIN, LESLIE A	Trust Fund Contrit	11. THE NAME STREET ADDRESS	Added to Fees ADDITIONS/	inton 1	Change	Addition
After Ma 10. TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME	OFFICERS AND C OFFICERS AND C PS RUBIN, LESLIE A 15500 ROOSEVELT BLVD SUITE	Trust Fund Contrit	11. TITLE NAML SIREET ADDRESS CITY ST ZIP TITLE NAME	Added to Fees ADDITIONS/	inton 1	Change Rd 57e 100 3 3762	Addition
After Ma 10. TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE	OFFICERS AND C OFFICERS AND C PS RUBIN, LESLIE A 15500 ROOSEVELT BLVD SUITE	Trust Fund Contrit	11. TITLE NAML STREET ADDRESS CITY ST ZIP	Added to Fees ADDITIONS/	inton 1	Change Rd 57e 100 3 3762	Addition
After Ma 10. TITLE NAME SIREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE	OFFICERS AND C OFFICERS AND C PS RUBIN, LESLIE A 15500 ROOSEVELT BLVD SUITE	Trust Fund Contrit	11. TITLE NAML STREET ADDRESS CITY ST ZIP TITLE NAML STREET ADDRESS CITY ST ZIP TITLE NAML STREET ADDRESS CITY ST ZIP	Added to Fees ADDITIONS/	inton 1	Change Rd 57e 100 3 3762	Addition
After Ma 10. TITLE NAME SIREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP	OFFICERS AND C OFFICERS AND C PS RUBIN, LESLIE A 15500 ROOSEVELT BLVD SUITE	Trust Fund Contrit Delete 301 Delete	11. TITLE NAIML STREET ADDRESS CITY ST ZIP TITLE NAIML STREET ADDRESS CITY ST ZIP CITY ST ZIP	Added to Fees ADDITIONS/	inton 1	X Change R d 5 T e 10 c 3 3 7 6 ≥ □ Change	Addition
After Ma 10. TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY ST-ZIP HILE NAME STREET ADDRESS CITY ST-ZIP	OFFICERS AND C OFFICERS AND C PS RUBIN, LESLIE A 15500 ROOSEVELT BLVD SUITE	Trust Fund Contrit DERECTORS Delete 301 Delete	11. TITLE NAIML STREET ADDRESS CITY ST ZIP TITLE NAIML STREET ADDRESS CITY ST ZIP TITLE NAIME STREET ADDRESS CITY ST ZIP TITLE NAIME STREET ADDRESS CITY ST ZIP	Added to Fees ADDITIONS/	inton 1	○ Change R d 5 T e 10 c 3 3 7 6 2 □ Change	Addition
After Ma 10. TITLE NAME SIREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP HITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AND C OFFICERS AND C PS RUBIN, LESLIE A 15500 ROOSEVELT BLVD SUITE	Trust Fund Contrit Delete 301 Delete	TITLE NAML STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS CITY ST ZIP UITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Added to Fees ADDITIONS/	inton 1	X Change R d 5 T e 10 c 3 3 7 6 ≥ □ Change	Addition
After Ma 10. TITLE NAME SIREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP HITLE NAME STREET ADDRESS CITY ST-ZIP HITLE NAME STREET ADDRESS CITY ST-ZIP HITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS AND C OFFICERS AND C PS RUBIN, LESLIE A 15500 ROOSEVELT BLVD SUITE	Trust Fund Contrit DERECTORS Delete 301 Delete	11. TITLE NAML STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS CITY ST ZIP	Added to Fees ADDITIONS/	inton 1	○ Change R d 5 T e 10 c 3 3 7 6 2 □ Change	Addition
After Ma 10. TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP HILE NAME STREET ADDRESS CITY ST-ZIP HILE NAME STREET ADDRESS CITY ST-ZIP HILE NAME	OFFICERS AND C OFFICERS AND C PS RUBIN, LESLIE A 15500 ROOSEVELT BLVD SUITE	Trust Fund Contrit DERECTORS Delete 301 Delete	11. TITLE NAML STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS CITY ST ZIP	Added to Fees ADDITIONS/	inton 1	○ Change R d 5 T e 10 c 3 3 7 6 2 □ Change	Addition
After Ma 10. TITLE NAME SIREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP HITLE NAME STREET ADDRESS CITY ST-ZIP HITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME	OFFICERS AND C OFFICERS AND C PS RUBIN, LESLIE A 15500 ROOSEVELT BLVD SUITE	Trust Fund Contrit DIRECTORS Delete 301 Delete Delete	11. TITLE NAML STREET ADDRESS CITY ST ZIP TITLE NAME	Added to Fees ADDITIONS/	inton 1	☐ Change Change Change Change	Addition Addition Addition
After Ma 10. TITLE NAME SIREET ADDRESS CITY ST-ZIP TITLE MAME STREET ADDRESS CITY ST-ZIP HTLE NAME STREET ADDRESS CITY ST-ZIP	OFFICERS AND C OFFICERS AND C PS RUBIN, LESLIE A 15500 ROOSEVELT BLVD SUITE	Trust Fund Contrit DIRECTORS Delete 301 Delete Delete	11. TITLE NAIML STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS CITY ST ZIP TITLE	Added to Fees ADDITIONS/	inton 1	☐ Change Change Change Change	Addition Addition Addition
After Ma 10. 11TLE NAME SIREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP HITLE NAME STREET ADDRESS CITY ST-ZIP HITLE NAME STREET ADDRESS CITY ST-ZIP TITLE	OFFICERS AND C OFFICERS AND C PS RUBIN, LESLIE A 15500 ROOSEVELT BLVD SUITE	Trust Fund Contrit DIRECTORS Delete 301 Delete Delete	11. TITE NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS CITY ST ZIP	Added to Fees ADDITIONS/	inton 1	☐ Change Change Change Change	Addition Addition Addition
After Ma 10. TITLE NAME SIREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP HILL NAME STREET ADDRESS CITY ST-ZIP LITTLE NAME STREET ADDRESS CITY ST-ZIP	OFFICERS AND C OFFICERS AND C PS RUBIN, LESLIE A 15500 ROOSEVELT BLVD SUITE	Trust Fund Contrit DERECTORS Delete Delete Delete Delete	11. TITLE NAIML STREET ADDRESS CITY ST ZIP TITLE NAIML STREET ADDRESS CITY ST ZIP TITLE NAIME STREET ADDRESS CITY ST ZIP TITLE NAIME STREET ADDRESS CITY ST ZIP TITLE MAIME STREET ADDRESS CITY ST ZIP TITLE MAIME STREET ADDRESS CITY ST ZIP TITLE MAIME STREET ADDRESS CITY ST ZIP TITLE NAIME STREET ADDRESS CITY ST ZIP	Added to Fees ADDITIONS/	inton 1	Change R d 5 T e 10 e 3 3 7 6 2 Change Change	Addition Addition Addition Addition
After Ma 10. TITLE NAME SIREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP	OFFICERS AND C OFFICERS AND C PS RUBIN, LESLIE A 15500 ROOSEVELT BLVD SUITE	Trust Fund Contrit DELETORS Delete Delete Delete Delete Delete	11. TITLE NAIML STREET ADDRESS CITY ST ZIP TITLE NAIML STREET ADDRESS CITY ST ZIP TITLE NAIME STREET ADDRESS CITY ST ZIP	Added to Fees ADDITIONS/ 4592 Ulin Clear wat	er FC	Change R d 5 T e 10 e 3 3 7 6 2 Change Change	Addition Addition Addition Addition Addition

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 cath; 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:

OF SIGNING OFFICER OR DIRECTOR

e A Rubin 4-27-07

727-530-002
