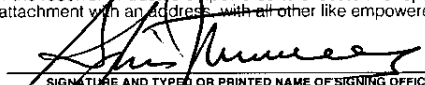


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90032 039 ***150.00

DOCUMENT # S27365 1. Entity Name OMEGA DELI RESTAURANT, INC.					
Principal Place of Business 226 BERKSHIRE CR., W. LONGWOOD, FL 32779			Mailing Address 226 BERKSHIRE CR., W. LONGWOOD, FL 32779		
2. Principal Place of Business 315 E. ROBINSON STREET		3. Mailing Address Suite, Apt. #, etc. SUITE 155			
City & State ORLANDO, FL		City & State City & State		4. FEI Number 59-3050954	
Zip 32801		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUHOLTZ, DONNA L 208 RAMSBURY CT LONGWOOD, FL 32779				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THANOS, SPIRO 226 BERKSHIRE CR., W. LONGWOOD, FL 32779	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THANOS, GIORA 226 BERKSHIRE CR., W. LONGWOOD, FL 32779	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THANOS, PENELOPE 226 BERKSHIRE CR., W. LONGWOOD, FL 32779	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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: 			2-10-04 407-841-6674		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		