


2007 ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90021 007 ***158.75



01112008 Chg-P CR2E034 (12/06)

DOCUMENT # S62678					
1. Entity Name SOUTH BEACH DINER, INC.					
Principal Place of Business 1065 WASHINGTON AVENUE MIAMI BEACH, FL 33139 US			Mailing Address 1065 WASHINGTON AVENUE MIAMI BEACH, FL 33139 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0271176	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTINI, GREGORY T %SACHER, MARTINI, & SACHER, P.A. 2655 LE JEUNE BLVD., SUITE 1101 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name <u>AARON RESNICK, Esq.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1680 MICHIGAN AVE Penthouse 4</u> City <u>MIAMI BEACH</u> <u>FL</u> Zip Code <u>33139</u>	
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 <u>[Signature]</u> <u>Aaron Resnick</u> DATE <u>1/11/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent: signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	D SAVVIDES, ANDREAS J 1065 WASHINGTON AVENUE MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Ray Schnitzer 1065 WASHINGTON AVENUE MIAMI BEACH, FLA. 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SANDERS, HOWARD 1065 WASHINGTON AVENUE MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNITZER, STEVEN 1065 WASHINGTON AVENUE MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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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: <u>[Signature]</u> <u>HOWARD R. SANDERS</u>		Date <u>1/11/08</u>		Daytime Phone # <u>305-534-6373</u>	