2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2007 08:00 A Secretary of State

DOCUMENT # V31329 1. Entity Neme YOMAR RESTAURANT, INC.							Secretary of Sta				
Principal Plac				ng Address			- 				
7001 TEMPL Tampa, Fl. 3		7001 TEMPLE TERR HEY TAMPA, FL 33637 US									
							[
2. Principal P	lace of Busines	3. Mai	iling Address								
Suite, Apt. #, etc.			Suit	te, Apt. #, etc.			01042007	Chg-P	CR2E	E034 (12/06)	
City & State			City & State				4. FEI Number 59-312			 	plied For t Applicable
Zip	Country		Zip		Cour	ntry		of Status Desired		\$8.75 Add	itional
	6. Name a	Register	ed Agent	L		7. Name and	Address of New I	Registered			
HINES, JAMES P.						Name					
315 S HYD TAMPA, FI	DE PARK A\ L 33606				Street Address (P.O. Box Number is Not Acceptable)						
						City				Zip Cod	9
8. The above	named entity s	submits this statement fo	or the purp	oose of changing its	register		red agent, or bot	h, in the State of F	Florida. Lar	┕╵	
the obligat	tions of register	red agent.		• •							
SIGNATURE.	Signature, typed or	printed name of registered agent	and little if ap,	picable (NO)	E Registere	ed Agent signature requires	d when reinstating)		DATE		
FIL After Ma	E NOW!!! F ay 1, 2007	FEE IS \$150.00 Fee will be \$550.	00	9. Election Campa Trust Fund Con	_	ncing \$5.	.00 May Be led to Fees				
10.	T=	OFFICERS AND	DIRECTO		11.	γ	ADDITIONS/	CHANGES TO OF	FICERS AN		
TITLE NAME	D YOUNG, KA	ATHLEEN H.		☐ Delete	TITL			Į.	J000000	Change 731545(Addition
STREET ADDRESS CITY-ST-ZIP	114 BARRII BRANDON	NGTON DRIVE , FL 33511				EET ADORESS (- ST-ZIP		05/0	9/07-	-80008-0)25 150,00
TITLE	D Delete					E				Change	Addition
NAME STREET ADDRESS		MES S. JR NGTON DRIVE			NAM STRI	AE EET ADDRESS					
CITY-ST-ZIP	BRANDON	, FL 33511		☐ Delete	-	/-ST-ZIP	······································			☐ Change	Addition
NAME				LI Delete	NAA.	AE .				C Cuange	L. Addition
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS Y-ST-ZIP					
TITLE		···		☐ Delete	TITL	1				☐ Change	Addition
NAME STREET ADDRESS					STR	EET ADDRESS					
CITY-ST-ZIP				Delete	Crit	(-ST-ZIP .E				☐ Change	Addition
NAME STREET ADDRESS					NAX					= *	
CITY-ST-ZIP						Y-ST-ZIP				<u>-</u>	
TITLE NAME				☐ Delete	TITL					Change	Addition Addition
STREET ADDRESS					STR	EET ADDRESS					
12. I hereby	certify that the	information supplied wit	h this filine	g does not qualify f	or the ev	Y-ST-ZIP remptions containe	d in Chapter 119), Florida Statutes.	I further c	ertify that the i	nformation
indicated of the co	on this report	or supplemental report	s true and owered to	d accurate and that b execute this report	my signa t as requ	ature shall have the ired by Chapter 60	same legal effet 7, Florida Statut	ct as I made under es; and that my nar	oath; that ne appear	I am an office s in Block 10 o	or director r Block 11 if
indicated on this report or superiemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee sinpowered to execute this report as required by Chapter 607, Florida Statisties; 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.											
SIGNAT	rure:	SIGNATURE AND TYPED OR	SAUVI ED NA	ME OF SIGNING OFFICE	OV DIREC	TOR	-119	Date D	176	Daylime Phone #	