

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Apr 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # P0000023695

1. Entity Name

LES VIOLINS RESTAURANT, INC.



Principal Place of Business: 2800 PONCE DE LEON BLVD. #1125 CORAL GABLES FL 33134
Mailing Address: 2800 PONCE DE LEON BLVD. #1125 CORAL GABLES FL 33134

2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
3. Mailing Address: Suite, Apt #, etc., City & State, Zip, Country



1st MOORE CR2E034 (10/04)

4. FEI Number: 65-0992927 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: BREIER, ROBERT G, 2800 PONCE DE LEON BLVD. #1125, CORAL GABLES FL 33134
7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State
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: D NAME: SILVERMAN, BARRY J STREET ADDRESS: 2800 PONCE DE LEON BLVD. #1125 CITY-ST-ZIP: CORAL GABLES FL 33134	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 11000000313133 04/18/05-80112-012 150.00	<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 exemption stated in Section 119.07(3)(f), 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: Barry Silverman Barry Silverman MD 4/14/05 305-205-0026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #